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PRINCE CHARGER OF SECRETARY OF SECRETARY OF SECRETARY OF SECRETARY

NOV 22 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: A+ THERAPY, INC	C.	
DOCUMENT NUMBER:			
The enclosed Articles of Ar	nendment and fee are sub	omitted for filing.	
Please return all correspond	lence concerning this mat	ter to the following:	
Susa	n Marquez		
		Name of Contact Person	
Λ+ 1	THERAPY, INC.		
		Firm/ Company	
2685	Executive Park Dr. Suite	e 4	
		Address	
Wes	ton, FL 33331		
		City/ State and Zip Code	
Susanlendi	ch@gmail.com and Aplu	stherapy@bellsouth.net	
	E-mail address: (to be us	ed for future annual report n	otification)
For further information con	cerning this matter, please	e call:	
Susan Marquez		at (<u>954</u>	5150892
Name of Co	ntact Person	Area Cod	e & Daytime Telephone Number
Enclosed is a check for the	following amount made p	payable to the Florida Depar	tment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division P.O. Box	ent Section of Corporations	Division Clifton I	address nent Section t of Corporations Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CHULU SECRETARY OF SHELL DIVISION OF COREDRATE +

2015 HOV 21 PM 2: 16

A+THERAPY, INC.		·
	of Corporation as currently filed with t	the Florida Dept. of State)
P01000013037		
	(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this Florida Prof.	it Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
		The new
	nation "Corp," "Inc," or "Co". A proj	ny," or "incorporated" or the abbreviation fessional corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		
		
C. Enter new mailing address, if appl		
(Mailing address <u>MAY BE A POST</u>	OFFICE BUX)	
	nd/or registered office address in Florid	la, enter the name of the
new registered agent and/or the ne		
Name of New Registered Agent	MARQUEZ, SUSAN	
	15902 SW 61 ST	
	(Florida street address)	
New Registered Office Address:	Davie	, Florida 33331
New Registered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if c		
I hereby accept the appointment as regis.	ered agent. I am familiar with and acce	pt the obligations of the position.
	0 -1	
	$\sim UM$	
	Su l'ang	
' -	Signalare of Now Registered Ag	ent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	mith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	CEO		Marquez, Susan	15902 SW 61 ST
X Add				Davie FL 33331
Remove				
2) X Change	S		Sloan, Angelica Maria	201 Racquet Club Road
Add		_		N311
Remove				Weston FL 33326
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
 	
·	
,	
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
·	

The date of each amendment(s) add	ption:	, if other than the
date this document was signed.	Pryision of or	OF March Fred
Effective date if applicable:		
	(no more than 90 days after amendment file dat&ME NOV 2]	PH 2: 16
Note: If the date inserted in this ble document's effective date on the Dep	bek does not meet the applicable statutory filing requirements, this date will artment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
<u></u>	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
11/16/2016 Dated		
Signature	In Maryon	
(By a dir selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
S	USAN MARQUEZ	
-	(Typed or printed name of person signing)	
C	CEO	
-	(Title of person signing)	