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Certified Copies Certificates of Status	MAR 0 8 2018
Special Instructions to Filing Officer:	
	Amend
Office Use Only	

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: ______ DOCUMENT NUMBER: _____ The enclosed Articles of Amendment and fee are submitted for filing. ٠. Please return all correspondence concerning this matter to the following: MONICA MIRANDA-RODRIGUEZ Name of Contact Person

LIFESPAN THERAPY SERVICES INC

Firm/ Company

9468 EAST COLONIAL DRIVE

Address

ORLANDO, FL 32817

City/ State and Zip Code

THETHERAPYPLACE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (407) Area Code & Daytime Telephone Number MONICA MIRANDA-RODRIGUEZ Name of Contact Person

V

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee	☐S43.75 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)
	ng Address dment Section		Address Iment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

LIFESPAN THERAPY SERVICES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P01000047622

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code
		(mp C

Signature of New Registered Agent, 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:

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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:

__ Remove

•

<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s
1) Change	р	MINDY DUNLEVY	9468 EAST COLONIAL DRIVE
Add			ORLANDO, FL 32817
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			······
Add			·
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change	<u> </u>	<u></u>	
Add			

E. If amonding or adding additional Articles, onter change(s) here: (Attach additional sheets, if necessary). (Be specific)
(Attach additional sneets, if necessary). (Be specific)
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 If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
NA

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The data of each amondmonths) as	01/01/2018 loption:, if other than t
date this document-was signed.	option:, n outer man t
	1/2018
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as t partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
	for the amendment(s) was/were sufficient for approval
by	for the amendment(s) was/were sufficient for approval
 by The amendment(s) was/were ado action was not required. 	for the amendment(s) was/were sufficient for approval
 by	for the amendment(s) was/were sufficient for approval (voting group) pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
 by	for the amendment(s) was/were sufficient for approval (voting group) pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
 by	for the amendment(s) was/were sufficient for approval (voting group) pted by the board of directors without shareholder action and shareholder

MONICA MIRANDA-RODRIGUEZ

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(Typed or printed name of person signing)

ADMINISTRATOR-OWNER-COO

(Title of person signing)