P02000026259

(Re	equestor's Name)		
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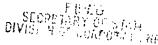
C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Performance Reha	b Institute & Sports Medic	ne, Inc.		
DOCUMENT NUMB	ER: P02000026259				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	John Sakellarides, Esq.				
•		Name of Contact Person	1		
	Herdman & Sakellarides, P.A.				
•		Firm/ Company			
	29605 US Highway 19 North, Suite 110				
-		Address			
	Clearwater, Florida 33761				
•		City/ State and Zip Cod	8		
john@	herdsaklaw.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas		785_1228		
		at (<u>727</u>) 763-1220		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)		
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of



Performance Rehab Institute & Sports Medicine, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P02000026259 (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: TM Prism II, Inc. 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. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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:

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	ŞY	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			A/A
Add			
Remove			
2) Change			
Add			
Remove			****
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove	•		
6) Change			
Add			
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f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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The date of each amendment(s) adoption: _		if other than the
date this document was signed.		iFother than the SECRETARY CT S.P. INC. DIVIS HE OF KORPORTIONS
Effective date if applicable:		
	(no more than 90 days after amendment file date)	15 SEP 28 PM 2: 51
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, the f State's records.	is date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendm approval.	nent(s)
	he shareholders through voting groups. The following sta g group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(ve	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareh	nolder
□ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholde	ा ।
September _ \$\sum_, 2015 Dated		
Signature	7/	
	sident or other officer - if directors or officers have not b	een
	corporator - if in the hands of a receiper, trustee, or other	court
appointed fiduciar	y by that fiduciary)	
Todd Mine	car	
	(Typed or printed name of person signing)	
President	President	
	(Title of person signing)	