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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA'	THE HOP 1. P020001189	E REHABILIT 989	TATION INC
The enclosed Articles of	Amendment and fee are sub	omitted for filing.	
Please return all correspo	ndence concerning this mat	ter to the following:	
G	ISELLE IBAN	IEZ	
T	HE HOPE RE	Name of Contact Person	
	474 0\\$\ 0.4 0.	Firm/ Company	
<u>/</u>	171 SW 24 S	Address	· · · · · · · · · · · · · · · · · · ·
IV.	11AMI, FL 331		
<u></u>	11, 11, 1 2 00 1	City/ State and Zip Code	:
theh	operehab@ya	ahoo com	
	E-mail address: (to be us	ed for future annual report	notification)
For further information c	oncerning this matter, pleas	se call:	
GISELLE IB	ANEZ	_{at (} 786	365-7837
Name of 0	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	ne following amount made p	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)
Amend Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

OVISION OF CORPORATIONS

13 JUN 14 AM 9: 00

Articles of Amendment to Articles of Incorporation

THE HOPE REHABILITATION INC

(Name of Corporation as currently filed with the Flo	wide Dont of State)
P02000118989	ida Dept. or State)
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
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 <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(0)	
(Florida street	adaressi
New Registered Office Address: (City)	, Florida
(City)	(Zip Coue)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New 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: X Change	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	SV Sal	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change Add Remove	PD	JUAN ACOSTA	7315 WEST FLAGLER ST MIAMI, FLORIDA 33144
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Artic Attach additional sheets, if necessary). ONE	(Be specific)
JNE	
	7
If an amendment provides for an exch provisions 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:
(4) 1101 444 1101 1101 1101 1101 1101 110	
	

The date of each amendment(s) a	dention: 06/10/2013
Effective date <u>if applicable</u> :	3/10/2013
Enective date in applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes case	t for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder
Dated 06/10 Signature)/203 Hale
(By a select	director, president or other officer – if directors or officers have not been ed, by appincorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
,	GISELLE IBANEZ
	(Typed or printed name of person signing)
	INCORPORATOR
	(Title of person signing)