P03000109573

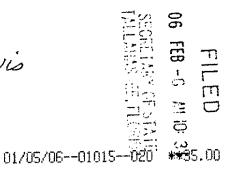
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Office Use Only



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nc T. Lewis



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Shining Sta	r Therapy, Inc.	
DOCUMENT NU	JMBER: P03000109573		
The enclosed Artic	cles of Amendment and fee ar	re submitted for filing.	
Please return all co	orrespondence concerning this	s matter to the following:	
		y R. Hinkel	
	(Name o	f Contact Person)	
	Shining	Star Services, Inc.	
	(Fin	n/ Company)	
. 1	1277	2 Shapell Court	
	((Address)	
	Jacks	onville, FL 32223	
	(City/ St	ate and Zip Code)	
For further inform	ation concerning this matter,	please call:	
	Marty R. Hinkel	at (904) 874-8	121
(Name of Contact Person)		(Area Code & Daytim	e Telephone Number)
Enclosed is a chec	k for the following amount:		
☑\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Statu Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee FL 32314		2661 Executive Center C	lircle

Tallahassee, FL 32301





January 12, 2006

MARTY R. HINKEL SHINING STAR SERVICES, INC. 1772 SHAPELL COURT JACKSONVILLE, FL 32223

SUBJECT: SHINING STAR THERAPY, INC.

Ref. Number: P03000109573

We have received your document for SHINING STAR THERAPY, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P99000064282.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 506A00002616

Articles of Amendment to Articles of Incorporation

FILED 06 FEB -6 AM 10: 31

	o li	06 FEB -6 AM 10:
	Shining Star Therapy, Inc.	SECRETAIN OF SEC.
(Name of cor	Shining Star Therapy, Inc. poration as currently filed with the Florida Dept.	of State LAHASSEE, FLORID
	P03000109573	
	Document number of corporation (if known)	
	tion 607.1006, Florida Statutes, this Flori (s) to its Articles of Incorporation:	ida Profit Corporation
NEW CORPORATE NAME (i	f changing):	
Shining Star Supports, Inc.		
(Must contain the word "corporation," "	company," or "incorporated" or the abbreviation in the word "chartered", "professional association	
	OTHER THAN NAME CHANGE) Inc nded, added or deleted: (BE SPECIFIC)	licate Article Number(s)
		The state of the s

P		
	(Attach additional pages if necessary)	
	change, reclassification, or cancellation of if not contained in the amendment itself:	

(continued)

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 by (voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Marty R. Hinkel
(Typed or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35