## P04000134426

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PICK-UP	TIAW T	MAIL.
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: On Ha	inds	Therapy	, Inc.
DOCUMENT NUMBER: P04000	1349	126	
The enclosed Articles of Amendment and fee are	submitted	for filing.	
Please return all correspondence concerning this n	natter to tl	he following:	
Leymi (Name of C	_ima Contact Pers	on)	
On Ha	Company)	Therapy	2
13910 SW	8Te	DY.	
(City/ State	iomi and Zip Co	FL. 33/	84
For further information concerning this matter, ple	ease call:		
Leimi Lima (Name of Contact Person)	at (	305) 950 Area Code & Daytime	7-820 . Telephone Number)
Enclosed is a check for the following amount:			
\$35 Filing Fee & Certificate of Status	Certif (Addi	5 Filing Fee & ied Copy tional copy is osed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amenda Division Clifton	Address ment Section n of Corporations Building secutive Center Cir	rcle

Tallahassee, FL 32301

Articles of Amendment  to  Articles of Incorporation  of  On Hands Therapy Ine TALLAHASSE OF ST.
Articles of Incorporation
of TASECRET. PAIR: 3
On Hands Therapy Ine AHASSE OF STATE  (Name of corporation as currently filed with the Florida Dept. of State)  (Name of corporation as currently filed with the Florida Dept. of State)
(Name of corporation as currently filed with the Florida Dept. of State)
P04080134426
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
Hands on therapy Networks Inc.
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Change #EIN# 33-1158396.
· · · · · · · · · · · · · · · · · · ·
(Attach additional pages if necessary)
If an amendment provides for 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)

(continued)

The date of each amendment	(s) adoption: <i>10 - 10 - 07</i>
Effective date if <u>applicable</u> : _	10-10-07 (no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	was/were approved by the shareholders. The number of votes cast for y the shareholders was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote mendment(s):
"The number of	votes cast for the amendment(s) was/were sufficient for approval by
······································	(voting group)
	was/were adopted by the board of directors without shareholder action on was not required.
The amendment(s) v shareholder action v	was/were adopted by the incorporators without shareholder action and was not required.
selecte	irector, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	President.

FILING FEE: \$35