

P05000006400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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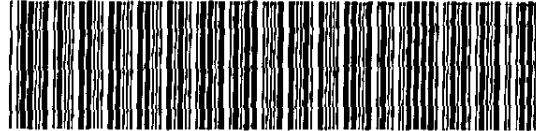
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/16/05--01012--007 **35.00

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05 MAR 16 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
C. Coulliette MAR 22 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BEST PROFESSIONAL REHABILITATION CORP

DOCUMENT NUMBER: P05000006400

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALCANTARA, LUI E

(Name of Person)

BEST PROFESSIONAL REHABILITATION CORP

(Name of Firm/ Company)

5585 SW 8 ST

(Address)

MIAMI FL 33144

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

ALCANTARA, LUI E

(Name of Person)

at (305) 262-9525

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

BEST PROFESSIONAL REHABILITATION CORP.

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

P05000006400

(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:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ARTICLE II: THE MAILING ADDRESS OF CORPORATION IS:

DELETE: 5585 SW 8 ST MIAMI FL 33144

ADD: P.O. BOX 141692 CORAL GABLES, FL 33114

(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)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

The date of each amendment(s) adoption: 03-14-2005

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

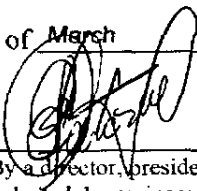
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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.

Signed this 14 day of March, 2005

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)

Luis E. Alcantara

(Typed or printed name of person signing)

Officer/Director

(Title of person signing)

FILING FEE: \$35