## P05000008057

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

ONE ONONE IN HOME PHYSICAL THERAPY INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filling Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

	Articles of Inc	ornoration		7.
	. of	1		1
DNE DN ONE IN-HOME			y INC.	
(Name of Corpor		y filed with the Florids D	ept. of State)	
	<u>&gt;0 5000</u>	2008057		
(Do	eument Number o	Corporation (if known)		
tursuant to the provisions of section 607.1006, Flo s Articles of Incorporation:	rida Statutes, this a	Florida Profit Corporation	adopts the following amo	endmen
. If amending name, enter the new name of the	e corporation:			
• •	_	,	44	
ame must be distinguishable and contain the word Inc.," or Co.," or the designation "Corp," "Is chartered," "professional association," or the ab	ne," or "Co". A	company," or "incorporate professional corporation	d" or the abbreviation "C name must contain the	new Torp.," word
Enter new principal office address, if applica	ble:			
Principal office address <u>MUST BE A STREET A</u>				
		<del></del>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROV)			
(Muning address MAT BE A LOST OFFICE	<u>BOX</u> )			
O. If amending the registered agent and/or regis			ame of the	
new registered agent and/or the new register	ed office address:			
Name of New Registered Agent				
<del></del>	(Florida stre	eet address)		
		· · · <b>,</b>		
New Registered Office Address:		(City)	Florida(Zip Code)	
	1	Спу	тир Соае)	
Sew Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent:	ith and accept the obligati	ons of the position	
	<b>,</b>	,	.y	
Si	gnature of New Re	rgistered Agent, if changing		
N 176 P 13				
heck if applicable				

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	PT John D	<u> 200e</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PRES	RAMNA GRUCK	_ CO141 NW S84HWAL
Add			PARKLANA FL 33067
Remove  2) Change Add	PRET	MICHELLE GLOCK	Co141 NW 584HWAY
Add Remove Change Add			<u>PARKUAND FL 33067</u>
Remove 4) Change Add			
Remove  5)ChangeAdd			
Remove 6) Change			
Add Remove			

	(Be specific)
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If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the amer	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

• .

Effective date <u>if applicable</u> :	(no more than 90 days after amendment file a	late)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirent epartment of State's records.	ments, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the utilicient for approval.	: amendment(s)
	proved by the shareholders through voting groups. The following group entitled to vote separately on the amend	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by		
Dated		
selecto	lirector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, ited fiduciary by that fiduciary)	or other court
	$\sim$	
	(Typed or printed name of person signing)	