P08000053403

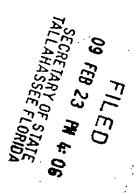
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Horizons Therapeutic Massage, Inc.			
DOCUMENT NUMBER: P08000	085203		
The enclosed Articles of Amendment and	d fee are submitted for filing.		
Please return all correspondence concern	ing this matter to the following:		
	Sang N. Harris (Name of Contact Person)		
'	(Name of Comact Ferson)		
	Sang N. Harris, CPA		
	(Firm/ Company)		
	800 N. Ferncreek Ave. #16		
	(Address)		
	Orlando, FL 32803		
	(City/ State and Zip Code)		
For further information concerning this n	natter, please call:		
Sang N. Harris	at (407) 895-6036		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following am	ount made payable to the Florida Department of State:		
▼\$35 Filing Fee Set Statu			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

Horizons Therapeutic Massage, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P08000085203 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of Inco		es, this <i>Florida Profit</i> (Corporation adopts the
A. If amending name, enter the new name	of the corporation	<u>ı:</u>	
The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation natassociation," or the abbreviation "P.A."	" "Inc.," or Co.,	" or the designation "C	Corp," "Inc," or
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>			
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF			
D. If amending the registered agent and/or new registered agent and/or the new re			er the name of the
Name of New Registered Agent:	Seon Hi Rhee		·
New Registered Office Address:	36310 US Hwy 1 (Florid	19 N da street address)	_
	Palm Harbor	(City)	_, Florida <u>34684</u> (Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as register position.			of the obligations of the

Signature of New Registered Agent, 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
DPS	Seon Hi Rhee	36310 US Hwy 19 N Palm Harbor, Florida 34684	Add Remove
<u>DP</u>	James Johnson		Add Remove
			Add Remove
	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific		
provisions	ndment provides for an exchange, reclass for implementing the amendment if no applicable, indicate N/A)		
•			

The date of each amendment(s) adoption: Feb. 18, 2009		
Εf	fective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Ad	loption of Amendment(s)	(CHECK ONE)
Ø	The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
		e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	"The number of votes of	east for the amendment(s) was/were sufficient for approval
	by	(voting group)
	•	(voting group)
	The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
	The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
	Dated	2/18/01
	selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
		Seon Hi Rhee
		(Typed or printed name of person signing)
		President
		(Title of person signing)