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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : ACCOUNTING AND BOOKKEEPING SERVICE, INC.
Account Number : I20010000101
Phone : (305) 945-7892
Fax Number : (305) 945-7675

COR AMND/RESTATE/CORRECT OR O/D RESIGN
PROFESSIONAL PAIN MANAGEMENT CLINIC INC.

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Amend

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ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION

PROFESSIONAL PAIN MANAGEMENT CLINIC INC.

ARTICLE V: REGISTERED OFFICE AND AGENT

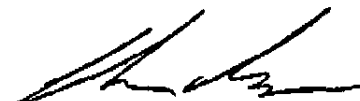
EREZ COHEN, PRESIDENT
3267 DAVIE BLVD
FORT LAUDERDALE, FL 33312

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION, AT THE PLACE DESIGNATED IN ARTICLE V OF THESE ARTICLES OF INCORPORATION, THE UNDERSIGNED CORPORATION HEREBY AGREES TO ACT IN THIS CAPACITY, AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF IT DUTIES.

DATED, THIS 28th DAY OF OCTOBER 2009

BY



EREZ COHEN, PRESIDENT

ARTICLE VI: THE OFFICER AND/OR DIRECTOR OF THE CORPORATION
IS:

EREZ COHEN, PRESIDENT
3267 DAVIE BLVD
FORT LAUDERDALE, FL 33312

Signed this 28 day of October 2009.

Signature


EREZ COHEN, PRESIDENT

President

The Articles of Amendment To Articles of Incorporation were approved by unanimous consent of all shareholders entitled to vote.

ADOPTED DATE: October 28, 2009


EREZ COHEN, PRESIDENT