P09000054546

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	AK Therapy, Inc	S.,
DOCUMENT NUMBER:		P09000054546	
The enclosed Arti	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Amanda Kotolski	
	N	Varne of Contact Person	
	AK Therapy, Inc		
		Firm/ Company	
	6061 Bahia Del Mar Blvd #207		
		Address	
		etersburg, FL. 33715	
	C	City/ State and Zip Code	
+	info@ E-mail address: (to be use	Daktherapy.org d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
Α	manda Kotolski	at (<u>727</u>) 63	37-6137
Name of Contact Person		at (727) 63 Area Code & Daytime Tele	ephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depart	ment of State:
\$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)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Steel grange

		11 55
AK T	herapy, Inc .	a Dept. of State) JALLAHASSEE, FLORID
(Name of Corporation as curre	ently filed with the Florid	a Dept. of State) JUNETAGE AM IO.
P09	000054546	ALLAHASSEE STAT
(Document Num	ber of Corporation (if known	own)
suant to the provisions of section 607.1006 andment(s) to its Articles of Incorporation:	5, Florida Statutes, this F	lorida Profit Corporation adopts the follo
If amending name, enter the new name of	f the corporation:	
		The new
ne must be distinguishable and contain to reviation "Corp.," "Inc.," or Co.," or the ne must contain the word "chartered," "project the must contain the word "chartered" "project the word "cha	designation "Corp," "Inc	c," or "Co". A professional corporation
Enter new principal office address, if app	licable:	
ncipal office address <u>MUST BE A STREE</u>		·
		
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address <u>MAY BE A POST OFFIC</u>	CE BOX)	
	<u>CE BOX</u>)	
(Mailing address <u>MAY BE A POST OFFIC</u>		
(Mailing address <u>MAY BE A POST OFFIC</u> If amending the registered agent and/or r	egistered office address i	n Florida, enter the name of the
(Mailing address <u>MAY BE A POST OFFIC</u> If amending the registered agent and/or r new registered agent and/or the new regis	egistered office address i	n Florida, enter the name of the
(Mailing address <u>MAY BE A POST OFFIC</u> If amending the registered agent and/or r	egistered office address i	n Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or received registered agent and/or the new registered agent and/or the new registered Agent:	egistered office address i stered office address:	
(Mailing address <u>MAY BE A POST OFFIC</u> If amending the registered agent and/or r new registered agent and/or the new regis	egistered office address i	
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or received registered agent and/or the new registered agent and/or the new registered Agent:	egistered office address intered office address: (Florida street a	address), Florida
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or received registered agent and/or the new registered agent and/or the new registered Agent:	egistered office address i stered office address:	nddress)

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>	Name	Address	Type of Action
PD	John Kotolski	182 Kelvington Dr Sun Prairie, WI 53590	Add Remove
PD	Amanda Kotolski	6061 Bahia Del Mar Blvd #207 St Petersburg, Fl. 33715	☑ Add ☐ Remove
	 		Add Remove
provisio (if n	ons for implementing the amender of applicable, indicate N/A)	nge, reclassification, or cancellation of iss ment if not contained in the amendment i Kotolski to A. Kotolski in regards to c	tself:
ownership			
	VI. 1911		
			· · · · · · · · · · · · · · · · · · ·

The date of each amendmen	t(s) adoption: 07	7/01/2011
Effective date <u>if applicable</u> :	07/01/2011	(date of adoption is required)
Effective date <u>if applicable</u> :		90 days after amendment file date)
Adoption of Amendment(s)	(<u>CH</u>	HECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.
		he shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	ndment(s) was/were sufficient for approval
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the	e board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	e incorporators without shareholder action and shareholder
Dated_6/30)/2011 XIIII	lukotolni
(By		dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		Amanda Kotolski
	(Ту	ped or printed name of person signing)
		Officer / P
	(Title o	f person signing)