## Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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**BLUE THERAPY, INC** 

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## H10000023500

### ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

Blue Therapy, INC

#### (PRESENT NAME)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its exticles of incorporation:

FIRST: Amondment(s) adopted: (indicate article number(s) being amended, added or deleted)

Directors shall now read as follows:

ADD - Stephanie Ramirez - P ADD- brisel Oliva - VP

Delete-Larissa Cabrera

#### New Registered Agent

Strphanie Ramirez 4555 NW 34 St. Suite 219 Miami FL 33164

SECOND: If an emendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows.

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THIRD: The date of each amendment's adoption: 2/2/2010
FOURTH: Adoption of Amendment(s) (check ont)
The amendment(s) was/were approved by the shareholders. The number of votes east for the amendment(s) was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups.
The following statement most be separately for each voting group entitled to vote separately on each amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
☐ 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 2nd day of FEDVILAVY .2009.
Signature Observate or Vice Chairman of the directors.
Prosident or other officer if apopted by the sharebolders)
OR  (By a director if adopted by the directors)  OR
(By an incorporate if acopted by the incorporators)
STEPHANIE Ramirez
President.

Having been named as registered agent and to accept service of process for the stated corporation at the place designated in this cartificate, I hereby accept the appointment as registered agent and agree projet is this capacity.

Registered Agent Signature

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