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SECRETARY OF STATE
TALLAHASSEE, FIRE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Personal Theopy AT House, Inc.
DOCUMENT NUMBER: P0900078125
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ana Maria V. Hilton Name of Contact Person
Personal Therapy at Hous, INC
7211 Sowo 23rd Street
Miani, FLORIDA, 33155. City/ State and Zip Code. City/ State and Zip Code. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ana Haria V. Hilton at (305) 502-3726 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
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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 to Articles of Incorporation

Articles of Incorporation	LED
of	2009.00-
Personal Therapy AT Houe, Inc.	SECRETARY AM 9: 2
(Name of Corporation as currently filed with the Florida Dept. of State)	TALI AETARY
P09000078125	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corpo</i> amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	ration adopts the following
Progressive Therapy At Hous, Inc.	The new
name must be distinguishable and fontain the word "corporation," "company," or "i.	ncorporated" or the
abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A pro- name must contain the word "chartered," "professional association," or the abbreviation "P	fessional corporation .A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	

C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	

D. If amending the registered agent and/or registered office address in Florida, enter the name of the

ew registered agent and/or the new regis	tered office address:	:
Name of New Registered Agent:		
		e
New Registered Office Address:	(Florida stree	t address)
		, Florida
	(City)	(Zin Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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
		·	
			Remove
			
			
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E. <u>If amer</u>	<u>iding or adding additional Artic</u>	les, enter change(s) here:	
(attach e	udditional sheets, if necessary). —	(Be specific)	
			1
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F. Ifana	mendment provides for an exch	inge, reclassification, or cancellat	tion of issued shares.
provis	ions for implementing the amen	lment if not contained in the ame	ndment itself:
(1)	not applicable, indicate N/A)		, p
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The date of each amendment	(ș) adoption:	September	28,2009
*****	(date of	adoption is required)	
Effective date if applicable:		September .	<u>28, 2009</u>
	(no more than 90 days afte	er amendment file date)	•
Adoption of Amendment(s)	(<u>CHECK ONI</u>	<u>E</u>)	
The amendment(s) was/we by the shareholders was/wa	re adopted by the shareholde ere sufficient for approval.	ers. The number of votes	s cast for the amendment(s
The amendment(s) was/we must be separately provide	re approved by the sharehold d for each voting group enti	ders through voting grou itled to vote separately or	c ps. The following stateme. n the amendment(s):
"The number of votes	cast for the amendment(s) w	as/were sufficient for ap	proval
by		**	
	(voting group)	, ,,	
The amendment(s) was/we action was not required.	re adopted by the board of d	irectors without sharehol	der action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporate	ors without shareholder a	action and shareholder
Dated y (October 2,2000	t	·
Signature	Och V Hildon	201	
sele	a director, president or othe cted, by an incorporator - if ointed fiduciary by that fiduciary	in the hands of a receive	
,	Ana Mario (Typed or print	ted name of person signin	ng) '
· · · · · · · · · · · · · · · · · · ·	President (Title of person sig	- CEO (ning)	<u></u>