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Account Number : 072450003255

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COR AMND/RESTATE/CORRECT OR O/D RESIGN CARE & SERVICES OF REHABILITATION, INC.

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EMPIRE CORP KIT

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Articles of Amendment to Articles of Incorporation of



CARE & SERVICES	OF REHABILITATI	ON, INC	4			
(Name of Corporation as curre	atly filed with the Florids	Dept. of State)				
P100						
(Document Number of Corporation (if known)						
Pursuant to the provisions of section 607.1006 mendmenn(s) to its Articles of Incorporation:	, Florida Statutes, this FI	orida Profit Corporation ado	pts the followin			
. If amending name, eater the new name of	the corporation:					
			The new			
same must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the same must contain the word "chartered." "prof	designation "Corp," "Inc essional association," or	" or "Co". A professional o	orporation			
 Enter new principal office address, if application of the address MUST BE A STREET 			_			
						
	,		_			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	CE BOX)		_			
			- -			
). If amending the registered agent and/or re	t wistand office oddross is	Florida enter the name of t	ha.			
new registered agent and/or the new regis		1 10110-4 Interior Bare Harries Ct.	24 to			
Name of New Registered Agent:						
	ï					
New Registered Office Address:	(Florida street a	ddress)				
		P4 . 43.				
-	(City)	, Florida (Zip Code)				
		(=\frac{1}{2} = 0 = 0)	i			
New Registered Agent's Signature, if changin hereby accept the appointment as registered as	g Registered Agent:					
nevery accept the appointment to registered as	gan. I am jamutar wan a	a uccept me toolgations of the	s position.			
	gnature of New Registerea	A man of all and a man of a				

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removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Address Type of Action Title Name D RUDY A LOPEZ □ Келоче ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

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HISOSOSISIA The date of each smendment(s) adoption: Effective date if applicable: (no more than 90 days after unendment file date) Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval 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. Dated 03-23-2011 (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) PAULA M DIAZ (Typed or printed name of person signing) (Title of person signing)

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