P10000053301

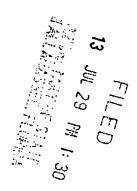
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Mary Colum

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corp	porations				
NAME OF CORPO	RATION: WORLD R	EHABILIT <i>A</i>	ATION	CARE, INC.	
	P100005330			<u> </u>	
DOCUMENT NUM	BER: 1 100000000	· ·			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the followir	ıg:		
	DR.	CESAR O	. IRIZA	ARRY	
	Name of Contact Person				
	World Rehabilitation Care, INC.				
	Firm/ Company				
	9421 South O.B.T. Suite 19				
	Address				
	C	rlando, FL		7	
		City/ State and	Zip Code		
	worldrehab	care@gm	ail.com	1	
	E-mail address: (to be us	~~			
For further information	on concerning this matter, pleas	se call:			
Cesar O. Iriz	zarry	at (407	601-4941 & Daytime Telephone Number	
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:					
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Cop (Additional co- enclosed)	у	□\$52.50 Filing Fee Certificate of Status —Certified Copy (Additional Copy is enclosed)	
Mailing Address			Street A		
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.0	D. Box 6327		Clifton E	Building	
Tal	llahassee, FL 32314			ecutive Center Circle	

Articles of Amendment to Articles of Incorporation of

WORLD REHABILITATION	ON CARE, INC.				
(Name of Corporation as	currently filed with the Flor	ida Dept. of State)		-	
P10000053301					
(Documen	t Number of Corporation (if k	nown)		-	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Flo</i>	orida Profit Corporati	on adopts the following	ig amendment(s) to
A. If amending name, enter the new na	me of the corporation:				
				The new	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional association	ation "Corp," "Inc," or "Co ion," or the abbreviation "P.,	". A professional coi	corporated" or the a proporation name must	bbreviation contain the	
B. Enter new principal office address, i (Principal office address MUST BE A ST					
 C. Enter new mailing address, if applie (Mailing address MAY BE A POST C D. If amending the registered agent annew registered agent and/or the new 	OFFICE BOX) d/or registered office addres	s in Florida, enter the	name of the	29 FM 1: 31	
	CESAR O. IRIZAI	RRY			
Name of New Registered Agent	9421 SOUTH O.E		<u> </u>		
	(Florida street)		
New Registered Office Address:	ORLANDO		orida 32837	_	
	(Cny)		(Zip Code)		
New Registered Agent's Signature, if the I hereby accept the appointment as registered.			utions of the position.		

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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President: T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doc e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	<u>VP</u>	Alejandro Alvarez Tarajano	6310 Lee Lan Apt. B Orlando, FL. 32809
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

ttach additional sheets, if necessary).	(Be specific)
	
	
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an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.
eroyisions for implementing the ame $(if not applicable, indicate N/A)$	endment if not contained in the amendment itself:
(ij not appricable, maicale toxi)	

	, if other than the
date this document was signed. Effective date if applicable: JULY 15, 2013	
(no more than 90 days after amendment 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 east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
☐ 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.	
JULY 15, 2013	
Signature (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)	_
Dr. Cesar O. Irizarry	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	