Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H10000213609 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 : (305)220-1440 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN ANGEL HANDS REHABILITATION CENTER INC

Certificate of Status

0

Certified Copy

0

Page Count

03

Estimated Charge

\$35.00

Electronic Filing Menu

Corporate Filing Menu



LAZARUS

PAGE 02/04

850-617-6361

9/28/2010 3:20:05 PM PAGE

1/001 Fax Server



September 28, 2010

FLORIDA DEPARTMENT OF STATE

ANGEL HANDS REHABILITATION CENTER INC. 7 ST

MIAMI, FL 33126

SUBJECT: ANGEL HANDS REHABILITATION CENTER INC

REF: P10000078091

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II FAX Aud. #: E10000213609 Letter Number: 710A00023036

RECEIVED
10 SEP 28 AM 8: 00
SECRETARY OF STATE
TALL AHASSEE R ORIDA

H10000213609

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION

HANDS REMABILITATION CENTER INC

P 10000038091

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

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

VICE PRESIDENT

SECOND: 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, are as follows.

3052201440 H 1 U O O O 2 1 36 0 9

THURD: T	ne date of each amendment's adoption: 9-29-10	FILED
	Adoption of Amendment(s) (CHECK ONE)	10 SEP 28 AM 10: 0
	The amendment(s) was/were approved by the shareholders. The for the amendment(s) was/were sufficient for approval.	SECRETARY OF STATA num Tal of A HASSEE. FLORI
	The amendment(s) was/were approved by the shareholders through the following statement must be separately provided for each voseparately on the amendment(s):	
	"The number of votes cast for the amendment(s) was/w for approval by	ere sufficient
	votnig greup	
	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 withour shareholder action was not required.	out shareholder action and
S	igned this day of	
Signature	(By the Chairman or Vice Chairman of the Board of Directors, President or of the Shareholders)	other officer if adopted by
	OR	•
	(By a director if adopted by the directors)	
	OR	·
•	(By an incorporator if adopted by the incorporate	ors)
	YUSET HEGA	
	Typed or printed name	
•	VICE PRESIDENT	
	Title	