## P10000089689

| (Re                     | questor's Name)   | <del></del> |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
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| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ·                 | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
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Office Use Only



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2011 MAY 23 PH 3: 58
SECRETARY OF STATE
FALL AHASSEF, FI OPIN

Amend & Mc

Brown 5-31-11

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORP  | ORATION:                               | BluE              | HillENIUM  | SERVICES INC.  |
|---|--|-------------------|--|--|
| DOCUMENT NUM  | MBER:                                  |                   |  |  |
| The enclosed Article  | es of Amendment                        | and fee are su    | bmitted for filing.  |  |
| Please return all cor   | respondence conce                      | erning this ma    | tter to the following:   |  |
| _   | JUAN                                   | F. LO             | PEZ HINCAP   | iE   |
|   |  | Name o            | of Contact Person  |  |
|   | Blue A                                 | lilleni           | in Rehabili<br>m/Company   | tation Inc.  |
| _   |  | Fir               | m/ Company   |  |
| _   | P.O. Bo                                | × 523             | 3994   |  |
|   |  |                   | Address  |  |
|   | MIANI                                  | Flo               | rida 3315  | 52   |
| _   |  |                   | ate and Zip Code   |  |
|   | E-mail address:                        | (to be used for I | uture annual report notification   | )  |
| For further informat  | ion concerning thi                     | s matter, pleas   | se call:   |  |
| JUAN F. A   | OPEZ HIN                               | UCAPIE            | at ( 786 ) 299   | -8151  |
| Name o  | f Contact Person                       |                   | Area Code & Daytime  | Celephone Number   |
| Enclosed is a check   | for the following a                    | mount made j      | payable to the Florida Dep   | artment of State:  |
| \$35 Filing Fee   | \$43.75 Filing Fe<br>Certificate of St |                   | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)   | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Add<br>Amendment<br>Division of C<br>P.O. Box 632<br>Tallahassec, | Section<br>Corporations<br>27          |                   | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301 | rcle   |

## **Articles of Amendment**

| , | Articl                                 | les of Incorporation     | SE MAY ED                |
|---|--|--------------------------|--------------------------|
|   | Hillewium<br>orporation as currently 1 |                          | MI ARE TARY OF PAY 3. 50 |
|   |  | f Corporation (if known) | <br>- C. FLORIDA         |

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

| A. If amending name, enter the new name                                      | of the corporation   | <u>n:</u>                |                              |
|--|--|--------------------------|------------------------------|
| Blue Hillewing Reha  | abilitation  | Inc.                     | The new                      |
| name must be distinguishable and contain                                     | the word "corp   | oration," "company,"     | or "incorporated" or the     |
| abbreviation "Corp.," "Inc.," or Co.," or t                                  | he designation "Co   | orp," "Inc," or "Co".    | A professional corporation   |
| name must contain the word "chartered," "p                                   | rofessional associa  | ttion," or the abbreviat | tion "P.A."                  |
| B. Enter new principal office address, if a                                  |  |                          | . 72 AVE                     |
| (Principal office address <u>MUST BE A STRE</u>                              | <u>EET ADDRESS</u> )   | Suite 103                | 8 <u>B</u>                   |
|  |  | Hedley, 1                | 3B<br>=1 33166               |
| C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF) |  | 7911 N.W                 |                              |
|  |  | Suite 103<br>Healey, F   |                              |
|  |  | LIVE 100                 | 1 22//                       |
|  |  | rediey, r                | 33766                        |
| D. If amending the registered agent and/o                                    | u unadistand office  | address in Florida an    | tor the name of the          |
| new registered agent and/or the new re                                       |  |                          | ter the name of the          |
| new registered agent uniter the new re                                       | A TOTAL OF THE PARTY OF THE PAR |                          |                              |
| Name of New Registered Agent:  |  |                          | <u> </u>                     |
|  |  |                          |                              |
| ·  |  |                          | <u> </u>                     |
| New Registered Office Address:   | (Flori   | da street address)       |                              |
| ,  |  |                          | دامدا                        |
|  | (City)   |                          | , Florida<br>ip Code)        |
|  | (Cnjv)   | (23)                     | p Code)                      |
| New Registered Agent's Signature, if chan-                                   | ging Registered A  | gent:                    |                              |
| I hereby accept the appointment as registered                                |  |                          | obligations of the position. |
|  | · •  | ·                        |                              |
| _  |  |                          |                              |
|  | Signature of New   | Registered Agent, if che | anging                       |

## 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>   | <u>Name</u>   | Address   | Type of Action                              |
|----------------|---|---|---|
|                |   |   |   |
|                |   |   | □ n   |
|                |   |   |   |
| (attach a      | additional sheets, if necessary). (B                            | e specific)   |   |
|                |   |   |   |
| <u>provisi</u> | mendment provides for an exchanions for implementing the amendn | ge, reclassification, or cancell<br>nent if not contained in the an | ation of issued shares,<br>nendment itself: |
|                |   |   |   |
|                |   |   |   |
|                |   | ,   |   |

| The date of each amendment                        | (date of adoption is required)   |
|---|--|
| Effective data if a militaria.                    |  |
| Effective date <u>if applicable</u> :             | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)                          | ( <u>CHECK ONE</u> )   |
| The amendment(s) was/we by the shareholders was/w | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.   |
|   | re approved by the shareholders through voting groups. The following statement of 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)   |
|   | (voting group)   |
| action was not required.                          | re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder |
| Dated   | 5-18-2011  |
| Signature<br>(By<br>sele                          | . //   |
|   | Tuan F. Lopez Hincapie (Typed or printed name of person signing)   |
|   | (Typed or printed name of person signing)  |
|   | President  |
|   | (Title of person signing)  |