P1000099588

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TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations Flash Therapy Inc NAME OF CORPORATION: ___ P10000099588 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 7200 NW 7 OT E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 263 655 Area Code & Daytime Telephone Number 11501 Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □ \$43.75 Filing Fee & \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address Street Address Amendment Section** Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	of
Clach	The Articles of Interporation of of Interporat
- Flash	Merapy FILL
<u>- </u>	
	000 99588
(Document r	Number of Corporation (if known)
fursuant to the provisions of section 607.1 mendment(s) to its Articles of Incorporation	1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follon:
. If amending name, enter the new name	e of the corporation:
	The new
bbreviation "Corp.," "Inc.," or Co.," or	in the word "corporation," "company," or "incorporated" or the the designation "Corp," "Inc," or "Co". A professional corporation professional association," or the abbreviation "P.A."
Enter new principal office address, if a	
Principal office address <u>MUST BE A STR</u>	<u>EET ADDRESS</u>)
	
. Enter new mailing address, if applical	ble:
(Mailing address MAY BE A POST OF	
. If amending the registered agent and/o	or registered office address in Florida, enter the name of the
new registered agent and/or the new re	
Name of New Registered Agent:	Hector Banos
	7200 NW 7ST + 333
New Registered Office Address:	(Florida street address)
	Miami , Florida 33174
	(City) (Zip Code)
	•
ew Registered Agent's Signature, if chan	ging Registered Agent: d agent. I am familiar with and accept the obligations of the position.
construction as registered	/ Alm2-
Ž	Signature of New Registered Agent, if changing

Page 1 of 3

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>	Mame Julio C Percz Hector Banos	Address MOO NW 757 + 333 MIAMI 12 33124	Type of Action Add Remove
	HeLTOR Banos	7200 NW 757 Svite 333 Miami R 33114	∕ Add ☐ Remove
			_ □ Add _ □ Remove _
	nding or adding additional Articles, entandarional sheets, if necessary). (Be specified)		
			
<u>provis</u>	amendment provides for an exchange, resions for implementing the amendment fnot applicable, indicate N/A)		

The date of each amendment	(s) adoption: 2 8 11
Effective date <u>if applicable</u> :	(date of altoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are 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 of	east for the amendment(s) was/were sufficient for approval
by	··
	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	2/18/11
Signature	AM-
(By selec	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	(Title of person signing)
	(Title of person signing)