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(Requestor's Name) (Address) (Address)	300180622623
- rfagie Therapy Center 1755 Wast Flagler Sty Widney FL 33144 (Business Entity Name)	£205
(Document Number) Certified Copies Certificates of Status	03/08/1101003003 **35.00
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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 23, 2011

MAGIC THERAPY CENTER 5755 WEST FLAGLER ST., # 205 MIAMI, FL 33144

SUBJECT: MAGIC THERAPY CENTER, INC.

Ref. Number: P10000102298

We have received your document for MAGIC THERAPY CENTER, INC., however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

The date of adoption of each amendment must be included in the document.

The document must have original signatures.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 011A00004590

Articles of Amendment to Articles of Incorporation of

of	11, 6
Magic Therapy Cente	tion (if known)
(Name of Corporation as currently filed with	the Florida Dept. of State
P10000102298	
(Document Number of Corporat	rion (if known)
ursuant to the provisions of section 607.1006, Florida Statumendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
If amending name, enter the new name of the corporation	n:
	The new
ame must be distinguishable and contain the word "corp bbreviation "Corp.," "Inc.," or Co.," or the designation "C ame must contain the word "chartered," "professional associ	Corp," "Inc," or "Co". A professional corporation
Enter new principal office address, if applicable:	5755 West Flagler St Suite 205
Principal office address <u>MUST BE A STREET ADDRESS</u>	Miami Florida, 33144
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5755 West Flagler Street Suite 205
	Miami, Florida 33144
If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent:	
New Registered Office Address: (Flori	ida street address)
	, Florida
(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered A	gent:
ereby accept the appointment as registered agent. I am fami	iliar with and accept the obligations of the position.
Signature of New	Registered Agent if changing

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>	<u>Address</u>	Type of Action
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	ding or adding additional Articles dditional sheets, if necessary). (B		
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	mendment provides for an exchan ons for implementing the amendm		
(if n	not applicable, indicate N/A)	ient is not contained in the an	tenament usen:
· · · · ·			
			·····

The date of each amendment(s),	adoption:
Effective date if applicable:	(date of adoption is required)
(n	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were aby the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or 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
by	,,,
(vo	ting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were acaction was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 02-15-2	011
Signature	4
selected	irector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Local Barrier Barrier
_	Jose R. Perez Rodriguez
	(Typed or printed name of person signing)
_	President Owner