P11000027163

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	VILLACIAN THERAPHY CENTER. INC		
DOCUMENT NUMBER:	P11000027163		
The enclosed Articles of Amendment	and fee are submitted for filing.		
Please return all correspondence cond	eerning this matter to the following:		
·	LILLIAN SARDINAS		
	Name of Contact Person		
SARDIN	IAS & ASSOCIATES ACCOUTANTS, P.A.		
	Firm/ Company		
	7171 CORAL WAY SUITE # 402		
,	Address		
	MIAMI FL 33155		
	City/ State and Zip Code		
E-mail address	lillysardi@aol.com s: (to be used for future annual report notification)		
For further information concerning th	is matter, please call:		
	at (305) 262-7300		
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			
Mailing Address Amendment Section	Street Address Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation

01	F// F
VILLACIAN THERAPHY CE	ENTER. INC the Florida Dept. of State) TALLAHASSEE, FLO
(Name of Corporation as currently filed with	the Florida Dept. of State)
P11000027163	AHASSEE
(Document Number of Corporat	tion (if known)
presuant to the provisions of section 607.1006, Florida Statumendment(s) to its Articles of Incorporation:	
If amending name, enter the new name of the corporation	on:
	The new
ame must be distinguishable and contain the word "corpobreviation "Corp.," "Inc.," or Co.," or the designation "Come must contain the word "chartered," "professional associ	Corp," "Inc," or "Co". A professional corporation
Enter new principal office address, if applicable:	7171 CORAL WAY SUITE # 419
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI FL 33155
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7171 CORAL WAY SUITE # 419
	MIAMI FL 33155
	INITAL COTOS
If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent:	
New Registered Office Address: (Flor	ida street address)
	Elorida
(City)	
w Registered Agent's Signature, if changing Registered A ereby accept the appointment as registered agent. I am fam.	
Turnjunu	who weeeps the songations of the position.
Change CM	Ragistared Agent if changing
Nananiro of Now	regivieren Aueni II. andbullo

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)

Title **Type of Action** Name Address _ 🔲 Add ☐ Remove ☐ Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. 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: (if not applicable, indicate N/A)

The date of each amendmen	t(s) adoption: <u>06</u>	3/14/2011
Effective date <u>if applicable</u> :	06/14/2011	(date of adoption is required)
	(no more than S	90 days after amendment file date)
Adoption of Amendment(s)	(CI	IECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.
		ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	ndment(s) was/were sufficient for approval
by		
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the	board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	e incorporators without shareholder action and shareholder
Dated 06/1	4/2011	
Signature 🔀	J	
(By sele	a director, presid	dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		GABRIEL GONZALEZ
	(Ту	ped or printed name of person signing)
	· · ·	PRESIDENT
	(Title o	f person signing)