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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
DORAL REHABILITATION & WELLNESS SPA INC**

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SECRETARY OF STATE
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

DORAL REHABILITATION & WELLNESS SPA, INC

P11000028558

Pursuant to Section 607.1006, Florida Statutes, the undersigned corporation adopted the following articles to amend to its articles of incorporation.

AMENDMENT ARTICLE 2 - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**3403 NW 82 Avenue, Suite 100
Miami, FL 33122**

AMENDMENT TO ARTICLE 4 - REGISTERED AGENT

The name and address of the registered agent is:

**Aixa C Gonzalez
3403 NW 82 Avenue, Suite 100
Miami, FL 33122**

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AMENDMENT ARTICLE 5 - OFFICERS

The officers of the Corporation shall be:

Aixa C Gonzalez- President
3403 NW 82 Avenue, Suite 100
Miami, FL 33122

This Article of Amendment was adopted on the 7th day of April of the year 2011. The Corporation has only one class of voting stock. This amendment was unanimously adopted. The Amendment was approved by the Shareholders. The number of votes cast was sufficient for approval.


Doral Rehabilitation & Wellness Spa, Inc.

By: 
Aixa C Gonzalez - President

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**CERTIFICATE OF DESIGNATION REGISTERED
AGENT/REGISTERED OFFICE**

Pursuant To the provisions of sections 607.0501 or 617.0501, Florida statutes,
the undersigned corporation, organized under the laws of the State of Florida,
submits the following statement in designation the designation of the registered
agent/registered office, in the State of Florida.

- 1.- The name of the Corporation is : **Doral Rehabilitation & Wellness Spa Inc**
- 2.- The name and address of the registered agent and office is:

Aixa C Gonzalez
3403 NW 82 Avenue, Suite 100
Miami, FL 33122

Having been named as registered agent and to accept service of process
for the above stated corporation at the place designated in this certificate, I
hereby accept the appointment as registered agent and agree to act in this
capacity. I further agree to comply with the provisions of all statutes
relating to the proper and complete performance of my duties, and I am
familiar with and accept the obligations of my position as registered agent.

Signature: _____

Date: _____

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