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COR AMND/RESTATE/CORRECT OR O/D RESIGN MELROSE THERAPY SERVICES, CORP

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PAGE 01/05

Articles of Amendment to Articles of Incorporation of

MELROSE THERAPY SERVICES, CORP	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P11000032040	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	the
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	F AON M
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	STREAM TO ADMINISTRA
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	* pr
Name of New Registered Agent: TSabel Soto	
New Registered Office Address: DOI NW 71 STEEL SEE	
Man Florida 3313° (City) (Zip Code)	5 .
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of toosition.	Lhe
Signature of New Registered Agent, if changing	
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11/04/2011 14:01 302633666

now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.) Title(s) ISOBEL Soto If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed: Title(s) Name Title(s) Name YAhima Capote DP_ 2)____

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you

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3)____

nstach additional sheets, if necessary).	(Be specific)	
		_
If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued sha ndment if not contained in the amendment itself:	res.
provisions for implementing the ame	hange, reclassification, or exacellation of issued sha ndment if not contained in the amendment itself:	res
provisions for implementing the ame	hange, reclassification, or cancellation of issued that adment if not contained in the amendment itself:	res.
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Pri 1 . P. 1	s) adoption: 1 / 0 4 / 11 (date of adoption - required)
Effective date if applicable:	(date of adoption - required)
esternat date il abbitcapie:	(no more than 90 days after amendment file dute)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	11/04/11
Signature	700
	a director, the deent or other officer - if directors or officers have not been sted, by an incorporator - if in the hands of a receiver, trustee, or other court
	inted fiduciary by that fiduciary)
	YAHma CAPOTE (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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