PI100080014

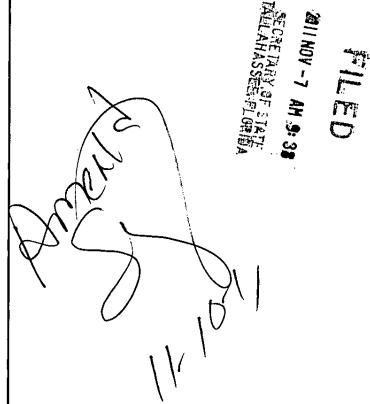
| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| •

| NAME OF CORPORA | TION: Indi | an Rehabilitation Cente | r, Inc. |
|--|--|--|---|
| DOCUMENT NUMBE | R: | P 11000080014 | |
| The enclosed Articles of | Amendment and fee are s | ubmitted for filing. | |
| Please return all correspo | ondence concerning this m | atter to the following: | |
| - | | rie D. Marshall of Contact Person | |
| | Name | of Contact Person | |
| | | abilitation Center, Inc. | |
| | | irm/ Company | |
| | 3636 Univer | sity Blvd. S Suite A-7 | :: |
| | • | Address of the total and the second | |
| | Jackson | ville, Florida 32216 | |
| | | State and Zip Code | |
| | indianrehab20 E-mail address: (to be used for | 011@gmail.com future annual report notification) | |
| For further information co | oncerning this matter, plea | ase call; | |
| Valerie D | D. Marshall act Person | at (813) 90 Area Code & Daytime Tele | 0-4679 phone Number |
| Enclosed is a check for th | e following amount made | payable to the Florida Departi | ment of State: |
| | 643.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32 | rations | Street Address Amendment Section Division of Corporations Clifton Building: 2661 Executive Center Circle Tallahassee, FL 32301 | |

Articles of Amendment Articles of Incorporation

Indian Rehabilitation Center, Inc. (Name of Corporation as currently filed with the Florida Dept, of State) P 11000080014

| (Document Nur | nber of Corporation (if kno | wn) | F. |
|---|-----------------------------|-------------------------------------|----------------------------|
| Pursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation: | 6, Florida Statutes, this F | <i>lorida Profit Corporation</i> ad | lopts the fol |
| A. If amending name, enter the new name o | f the corporation: | | |
| | | | The new |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro | e designation "Corp," "Inc | e," or "Co". A professional | ted" or the corporation |
| Enter new principal office address, if app | licable: | | |
| Principal office address <u>MUST BE A STREE</u> | ET ADDRESS) | | |
| | | | |
| | | | |
| . Enter new mailing address, if applicable | | | |
| (Mailing address MAY BE A POST OFFI | | | |
| | | | |
| | | | |
| | | | |
| . If amending the registered agent and/or | registered office address i | n Florida, enter the name of | <u>the</u> |
| new registered agent and/or the new regi | stered office address: | | |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | (Florida street d | address) | |
| | | F1 11 | |
| | (City) | , Florida (Zip Code) | |
| | (City) | (Lip Couc) | |
| lew Registered Agent's Signature, if changi | ng Registered Agent: | | |
| hereby accept the appointment as registered o | agent. I am familiar with a | and accept the obligations of t | he position. |
| | | | |
| - , | Signature of New Registere | d 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)

| Title | <u>Name</u> | <u>Address</u> | Type of Action |
|----------------------------------|---|--|--------------------------|
| Manag | Wiliam Perez | 8904 Ricardo Lane Jacksonville, Florida 32216 | _ |
| | | | _ |
| | | | _ |
| E. <u>If amend</u> (attach aa | ling or adding additional Articles. Idditional sheets, if necessary). (Be | , enter change(s) here: e specific) | |
| | | | |
| | | | |
| | | | |
| <u>provisio</u> | nendment provides for an exchanges for implementing the amendment applicable, indicate N/A) | ge, reclassification, or cancellation of is ent if not contained in the amendment | ssued shares, itself: |
| | | | |
| | | | |
| | | | |
| | | | |

| The date of each amendment(s) | adoption: |
|--|--|
| | (date of adoption is required) |
| Effective date <u>if applicable</u> : | o more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were a by the shareholders was/were | 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 statemen or each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast | t for the amendment(s) was/were sufficient for approval |
| by | |
| (vo | oting group) |
| action was not required. | dopted by the board of directors without shareholder action and shareholder |
| ✓ The amendment(s) was/were a action was not required. | dopted by the incorporators without shareholder action and shareholder |
| Dated 10/25/2 | 011 |
| (By a d | fire tor president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) |
| _ | Valerie D. Marshall |
| _ | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |