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(((H13000236809 3)))



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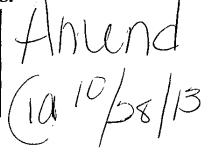
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN

EMANUEL THERAPEUTIC MASSAGE, INC.

Certificate of Status	0
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October 25, 2013

## FLORIDA DEPARTMENT OF STATE

EMANUEL THERAPEUTIC MASSAGE, INC. Division of Corporations

1035 E 4 AVE

HIALEAH, FL 33010

SUBJECT: EMANUEL THERAPEUTIC MASSAGE, INC.

REF: P11000088387

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must also contain the address of the registered agent which must be at a Florida street address.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton

FAX Aud. #: H13000236809

Regulatory Specialist II

Letter Number: 113A00024918



Articles of Amendment to Articles of Incorporation

	Articles of Incorporation of
	Emanuel Therapeutic Massacre, INC.
	(Name of Corporation as currently fled with the Florida Dept. of State)
	P11000088387
	(Document Number of Corporation (if known)
	Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
•	A. If amending name, sufer the new name of the corporation
	76a
•	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 "PA."
	B. Luter new principal office address, it applicables (Principal office address MUST BE A STREET ADDRESS)
•	
	C. Enter new mailing address. I applicable: (Mailing address MAY BE A POST OFFICE BOX)
<del></del> _	D. Hamending the resistered exent enclor constructed office address in Florida, enter the name of the new resistered office address;
	Name of New Registered Agent Olexis a C
	1035 E 4 AVE
	(Provide stress address)  New Reciserand Office Address: Hiale an Florida 33010
	(Clty) (Zlty Codq)
·	New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment at registered agent. I am familiar with and accept the obligations of the position.  Signature of New Registered Agent, if changing
	network of the best best of the first of mentions

•	rustee; C = Chairman or Clerk: CBO = Chief than one title, list the first letter of each office  PST and Mike Jones is listed as the Y, There is should be noted as John Doe, PT as a Change,			
	X Remove X Add	Y Mike I		•
, ,	Type of Action (Check One)  1) Change	Thie	Diulys Martinez	1035 E 4 AVE
·	Add  Remove  2)Change	P	alexis la O	Hialean Fl 33010. 1035 E 4 AVE Hialean Fl 33010.
	Komove	<del></del>		
	3) Change			
	Add			
	4) Chango Add Remeva			
	5) Change Add Remove			
	6) Change		· · · · · · · · · · · · · · · · · · ·	
	Remove		Warra o af h	
			Page 2 of 4	

	(Attach additional sheets, if necessary). (Be specific)
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	,
	F. Man amendment provides for an exchange, reclassification, or cancellation of issued shares.
	provident for implementing the amendment if not contained in the amendment straif;
	F. Men amendment provides for an exchange, reclassification, or cancellation of issued charge, providens for incolengating the amendment if not cancelled in the amendment itself; (if not applicable, indicate N/A)
	provident for implementing the amendment if not contained in the amendment straif;
	provident for implementing the amendment if not contained in the amendment strain; (if not applicable, indicate N/A)
·	provident for implementing the amendment if not contained in the amendment strain; (if not applicable, indicate N/A)
	provident for implementing the amendment if not contained in the amendment stroif; (if not applicable, indicate N/A)
	provident for implementing the amendment if not contained in the amendment stroif; (if not applicable, indicate N/A)
·	provident for implementing the amendment if not contained in the amendment stroif; (if not applicable, indicate N/A)
·	provident for implementing the amendment if not contained in the amendment strain; (if not applicable, indicate N/A)
	provident for implementing the amendment if not contained in the amendment strain; (if not applicable, indicate N/A)
	provident for involementing the amendment if not cantained in the amendment straif;  (if not applicable, indicate N/A)

The	date of each amendment(s) adoption:	
Tel Control	ective date [famplicable: 10-23-13	
_	(no more than 90 days after amendment file date)	
Ador	eption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the altercholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
	the smandament(s) was were approved by the shareholders through voting groups. The following statement must be reparately provided for each voting group artifled to vote separately on the amendment(s):	
	"The number of votes cast for the amendment(s) was/were sufficient for approval	
	by	
	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder office office was not required.	
	The amendment(s) was/were adopted by the incorporators without shatcholder action and shareholder ction was not required.	
	Dated10-23-13.	
· · · · · · · · · · · · · · · · · · ·	Stgnature ALCO	
•	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
	appointed fiduciary by that fiduciary)	
	alexis a0	
	(Typed or printed name of person signing)	
	<u> </u>	
	(Title of person signing)	