

OCT/25/2013/FRI 12:10 PM

PAX No.

P.002

10/24/13

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H13000236809 3)))



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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
EMANUEL THERAPEUTIC MASSAGE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Amend
@ 10/28/13

OCT/25/2013/FRI 12:10 PM

FAX No.

P. 002



October 25, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EMANUEL THERAPEUTIC MASSAGE, INC.

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.

Irena Albritton
Regulatory Specialist II

FAX Aud. #: H13000236809
Letter Number: 113A00024918

RECEIVED

13 OCT 25 PM 12:18

OFFICE OF THE CLERK
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

OCT/25/2013/FRI 12:10 PM

FAX No.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 25 AM 10:19

Articles of Amendment
to
Articles of Incorporation
of

Emanuel Therapeutic Massage, INC.

(Name of Corporation as currently filed 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, enter the new name of the corporation:

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)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent

Alexis Lao

1035 E 4 AVE

(Florida street address)

New Registered Office Address:

Hialeah

(City)

Florida

33010

(Zip Code)

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 the position.

A Lao
Signature of New Registered 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the P and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

P

Diulys Martinez

1035 E 4 AVE

Hialeah FL 33010

☐ Add

☒ Remove

2) ☐ Change

P

Alexis la O

1035 E 4 AVE

Hialeah FL 33010

☒ Add

☐ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

8. Has an amendment provided 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)

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P.006

The date of each amendment(s) adoption: _____

10-23-13

Effective date if applicable: _____

10-23-13

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated _____

10-23-13

Signature _____

Alexis

(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 laO

(Typed or printed name of person signing)

President

(Title of person signing)