P120000005250

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
— (Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION. HEALT	H THERAPY SERVICES, INC
DOCUMENT NUMBER: P1200000	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
ANA CECILIA	
	Name of Contact Person
HEALTH THE	ERAPY SERVICES, INC
	Firm/ Company
N/A	
	Address
MIAMI BEAC	H, FLORIDA 33139-5217
	City/ State and Zip Code
ceciliafontan@ho	atmail com
	o be used for future annual report notification)
L-nun aduces. (t	o be used for racate annual report notifications
For further information concerning this matte	r, please call:
ANA CECILIA FONTAN	at (646 353-8513
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing F Certificate of St	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



July 3, 2013

ANA CECILIA FONTAN HEALTH THERAPY SERVICES, INC. 900 WEST AVENUE - APT. 1405 MIAMI BEACH, FL 33139-5217

SUBJECT: HEALTH THERAPY SERVICES, INC.

Ref. Number: P12000005256

We have received your document for HEALTH THERAPY SERVICES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box.

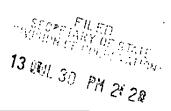
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Irene Albritton Regulatory Specialist II

Letter Number: 013A00016522

Articles of Amendment to Articles of Incorporation of



to

HEALTH THERAPY SERVICES, INC.

HEALIN HILIAN I OLI	TVIOLO, IIVO.		- · · ·
(Name of Corporation as	currently filed with the Flo	orida Dept. of State)	
P12000005256			
(Documer	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation ado	pts the following amendment
A. If amending name, enter the new na	ume of the corporation:		
HORIZON SPEECH LAN		PY, INC	The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corporati	ated" or the abbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		SAME	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		SAME	
D. If amending the registered agent an new registered agent and/or the new	d/or registered office addre v registered office address:	ss in Florida, enter the name	of the
	N/A		
Name of New Registered Agent	IN/A		
	(Florida stree	et address)	
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if cl Thereby accept the appointment as registe	nanging Registered Agent: ered agent. I am familiar wi	ith and accept the obligations o	of the position.
Sig	gnature of New Registered Ag	gent, 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 PST 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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
l)Change	N/A	N/A	N/A	
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		<u> </u>		
Add				
Remove				
4)Change				
Add				
Remove			-	
5) (1				
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)	
N/A	
F. If an amendment provides 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)	
N/A	

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable:	
(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} 100%	
(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 JULY 26, 2013	
Signature (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)	
ANA CECILIA FONTAN	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)