## P12000011685

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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: RLH Health and Rehab In
DOCUMENT NUMBER: P 120000 11685
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rhett Harwell D.C. Name of Contact Person
PLH Hralth and Robab Inc
6907 West Colonial Pr
Orlando . FL 32818
city/ State and Zip Code  Tharwell 1 @ myway, com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Phet Harwer FC at 407, 862. 5566
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 Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certificate of Status
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

Articles of Am	endment	FILEU	
to Articles of Inco	rporation	•	_
of		2 FEB 10 PM 12: 3	37
RLH Health and Re	hab Inc.	LI LU TO	r F
(Name of Corporation as currently filed with the Flo	rida Dept. of State) 3	EURETARY OF LOR	เ่ดิช
P12 0000 11685	<b>₽</b>	F. WILLDOOD	
(Document Number of Corporation (if I	known)	,	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida Profit Corporation ad	opts the following amen	dment(s) to
A. If amending name, enter the new name of the corporation:			
		The	new
name must be distinguishable and contain the word "corporation,	" "company," or "incorpo		
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corpora		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			
		<del></del>	
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			
D. If amending the registered agent and/or registered office addres	ss in Florida, enter the nam	e of the	
new registered agent and/or the new registered office address:		<del></del>	
Name of New Registered Agent			
(Florida street	t address)		
New Registered Office Address:	, Florida_	(C) (C) (A)	
(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar wit	th and accept the obligations	of the position.	

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 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.

Example: <u>X</u> Change	<u>РТ</u>	John Doe			
X Remove	$\underline{\mathbf{v}}$	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name		Address	
1) Change Add Remove	M	Darlene	Pierre Louis	6778 Fernsidge Dr Orlando FL 32835	5
2)ChangeAddRemove	<u>P</u>	Rhett H	arwell DC	6907 West Colonial Providence FL 32818	<b>^</b>
Change Add Remove	Μ	JeanRF	Paul -	6778 Fernridge Dr Orlando FL 3283	5
4) Change Add Remove					
5) Change Add Remove	<del></del>				
6) Change Add Remove	<del></del>				

c.	E. If amending or adding additional Articles, enter change(s) here:				
	attach additional sheets, if necessary). (Be specific)				
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_					
_					
	·				
_	<del> </del>				
-					
•	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)				
_					

The date of each amendment(s) adop	tion: 02-09-12
Effective date if applicable:	02 -09 -12
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	yed by the shareholders through voting groups. The following statement on 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)
	(voting group)
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder
Dated O 2	2-09-12
Signature 2	hot Harnel D.C.
(By a direc	tor, president or other officer - if directors or officers have not been
	y an incorporator – if in the hands of a receiver, trustee, or other court
appointed t	fiduciary by that fiduciary)
	Rhett Harwell D.C.
	(Typed or printed name of person signing)
	President
	(Title of person signing)