P12000023435

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SECRETERS OF STATE A

OCT 2.4 2013 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF C	CORPOR	SYNERGY TH	IERAPY INC	
DOCUMENT	Г NUMB	P12000023435 ER:		
The enclosed	Articles o	of Amendment and fee are sul	bmitted for filing.	
Please return	all corresp	condence concerning this mat	tter to the following:	
	i	Andreina Perez		
	;	Synergy Therapy Inc	Name of Contact Person	1
	;	2700 Glades Cir, Ste	Firm/ Company 140	
	-	Weston, FL 33326	Address	
	-		City/ State and Zip Code	e
	andr	e9379@yahoo.com		
		E-mail address: (to be us	ed for future annual report	notification)
		concerning this matter, pleas		0.40 70.40
Andreina I	Perez		305 at (910-7010
	Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a	check for	the following amount made p	payable to the Florida Depa	artment of State:
☐ \$35 Filing	g Fee	□\$43.75 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)
i s	Amer Divis P.O.	ing Address Indment Section Ition of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



SYNERGY THERAPY INC

	currently filed with the Flo	rida Dept. of State)	13 OCT 17 AH	11:51
P12000023435				
(Documer	nt Number of Corporation (if k	(nown)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation :	adopts the following	amendment(s) to
A. <u>If amending name, enter the new na</u> N/A	nme of the corporation:			The new
name must be distinguishable and con: "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa B. Enter new principal office address, (Principal office address MUST BE A S	tation "Corp," "Inc," or "Ce tion," or the abbreviation "P. if applicable:	". A professional corpo	porated" or the abi	breviation
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> o		N/A		
D. If amending the registered agent an		ss in Florida, enter the na	nme of the	
new registered agent and/or the nev				
Name of New Registered Agent	N/A		-	
	(Florida strec	t addrees)	_	
	N/A	i tutti (233)		
New Registered Office Address:		, Florid		
	(City)		(Zip Code)	
New Registered Agent's Signature, if c			C.I. Lie	
I hereby accept the appointment as regist	terea agent. I am Jamiliar wil	in and accept the obligatio	ons of the position.	
Si	gnature of New Registered Ag	ent, 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: 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
1) Change	PSD	Clara Perez	2700 Glades Cir, Ste 140
Add			Weston, FL 33327
X Remove			
2) Change	PSD	Andreina Perez	2700 Glades Cir, Ste 140
x Add			Weston, FL 33327
Remove			
3) Change	CEO	Nelson Perez	2700 Glades Cir, Ste 140
X Add			Weston, FL 33327
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

(Atach additional sheets, if necessary). (Be specific) 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) I/A	L. If amending or adding additional Arti	icles, enter change(s) here:
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)		(Be specific)
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	N/A	
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
(if not applicable, indicate N/A)	If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
		ndment if not contained in the amendment itself:
I/A		
	/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) (<u>CHECK ONE</u>)	
■ 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):	1
"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.	
Septermber 12th, 2013 Dated	
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)	
Clara Perez (Typed or printed name of person signing) President	
(Typed or printed name of person signing)	
President	

(Title of person signing)