a Do Popida Department of Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number : I20110000067 Phone : (786) 362-0124

Fax Number : (786)558-4546

ഗ **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

| Bmail | Address | • | | | |
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COR AMND/RESTATE/CORRECT OR O/D RESIGN SIMPLE THERAPY GROUP, INC.

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

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| Articles of A to Articles of In o | corporation | 7 |
|--|---|------|
| SIMPLE THERAPY GROUP, INC. | | T |
| (Name of Corporation as currently filed with the | Florida Dept. of State) | フ |
| P12000035185 (Document Number of Corporation (| (Channa) | |
| • | 100 | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | i Florida Profit Corporation adopts the following amendment(s | 5) (|
| A. If amending name, enter the new name of the corporation: | | |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the "P.A." | |
| B. Enter new principal office address, if applicable: | 15485 EAGLE NEST LANE | |
| (Principal office address MUST BE A STREET ADDRESS) | MIAMI LAKES, FL 33014 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 15485 EAGLE NEST LANE MIAMI LAKES, FL 33014 | |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address | <u>ş:</u> | |
| Name of New Registered Agent CORDOVI, JUA | N CARLOS | |
| 15485 EAGLE | | |
| • | rees address) | |
| New Registered Office Address: MIAMI LAKES (City, | Florida 33014 (Zip Code) | |
| | | |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. V anganitian | | |
| TIPLI | | |
| Signature of Men Repirered | Agent, if changing | |

Page 1 of 4

| Please note the officer/di P = President; V= Vice Executive Officer: CFO held. President. Treasure Changes should be noted a change, Mike Jones led Mike Jones, V as Remove | Presiden = Chief i er, Direct in the fo | t; T= Tre Financial or would Nowing n corporatio | Officer. If an officer/director holds more be PTD. nanner. Currenthy John Doe is listed as th on, Sally Smith is named the V and S. Thes. | Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office e PST and Mike Jones is listed as the V. There is e should be noted as John Doe, PT as a Change, |
|---|---|--|--|---|
| Example: X Change | PΣ | John De | <u>ne</u> | |
| X Remove | <u>v</u> | Mike Jo | ones | |
| X Add | <u>sv</u> | Sally St | mith | |
| Type of Action (Check One) | Title | | Name | Address |
| 1)Change | Р | | CORDOVI, JUAN CARLOS | 15485 EAGLE NEST LANE |
| X Add | - - | | | MIAMI LAKES, FL 33014 |
| 2) Change | P/D | | GARROTE, LUIS P | 7237 SW 24 ST |
| Add | | _ | | MIAMI, FL 33155 |
| X Remove 3) Change Add | | - | | |
| 4) Change Add Remove | | _ | · | |
| 5) Change Add Remove | | - | | |
| 6) Change Add Remove | | - | | |

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)

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| | nal sheets, if nec | essary). (Be spe | r change(s) here: cific) | | |
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| | ent provides for | an exchange, rec | lassification, or can not contained in th | cellation of issued: | shares. |
| an amendm | r imbiementino | e N/A) | Not Contained in the | TO REGULATION CASE | <u>.</u> |
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| rovisions fo | or impiementing oplicable, indicate | <i>(</i> () () () () () () () () () (| | | |
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Page 3 of 4

| The date of each amendment(s) adop | , if other than the | |
|---|---|--------------|
| date this document was signed. | | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | . |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders was/were suffice. | ed by the shareholders. The number of votes east for the amendment(s) cient for approval. | |
| The amendment(s) was/were appro- must be separately provided for ea | ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s): | |
| | the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| The amendment(s) was/were adopte action was not required. | ed by the board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/were adopte action was not required. | ed by the incorporators without shareholder action and shareholder | |
| Dated 0 9/0 Signature | 2/3 | _ |
| selected. b | ctor, president of other officer – if directors or officers have not been by an inection at the hands of a receiver, trustee, or other court fiduciary by that fiduciary) | |
| | (Typed or printed name of person signing) | |
| , | | |
| | PRESIDENT | |
| | (Title of person signing) | - |