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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: AJAX'S Therapy Corp DOCUMENT NUMBER: P1200047357
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person ATAX'S Thenapy Conp Firm/Company 4803 NW 7 St #110 Address Minni-Dade, FL 33176 City/State and Zip Code E-mail address: Ito be used for future annual report notification)
E-mail address: to be used for future annual report notification)
For further information concerning this matter, please call:
1
Name of Contact Person at (786) 417 5275 Area Code & Daytime Telephone Number
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 Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O.Box 6327 Clifton Building Tallahassee, FL 32314 Control of Corporations Clifton Building Tallahassee, FL 32314 Control of Corporations Clifton Building Tallahassee, FL 32314 Tallahassee, FL 32301

Articles of Amendment

Press. 2.5 Articles of Incorporation 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: 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 (Florida street address) New Registered Office Address: Florida (City) 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.

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: X Change	<u>PT</u> J	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	P	YGAN TORRES	4803 NW 7 ST #110 MDANF, FC. 33126
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

ttach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
·	
an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis
(y noi applicable, maicale WA)	
ң погаррисионе, таксине мА)	
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ц пог аррисаые, таксие п/А)	
(i) noi appucable, maicale N/A)	

The date of each amendment(s) adoption: $\frac{C_0/C_0/Z_0/Z_0}{Z_0/Z_0/Z_0}$				
Effective date if applicable: (a/a/70/2				
Effective date if applicable: (a U 70 2 (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 (0/6/2012				
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)				
(Typed or printed name of person signing)				
(Typed or printed name of person signing)				
President				
(Title of person signing)				