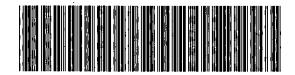
## P12000079598

(Re	questor's Name)		
(Address)			
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(Cit	y/State/Zip/Phone	<del>e</del> #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
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DEC - 5 2012

T. BROWN

## **COVER LETTER**

TO: Amendment Section

Division of Corp	orations 🌯 '		, 'e	
NAME OF CORPO	RATION: Yaskin The	rapy Services, Ir	nc.	
DOCUMENT NUM	BER: P1200007959	8		
	of Amendment and fee are su		-	
	spondence concerning this mat			
riease lettin an corre	spondence concerning ans ma-	tier to the following.		
	Terra Yaskin			
		Name of Contact Person		
	Functional Mover	Firm/ Company	Fitness, inc.	
	2459 Cardinal La			
	2 100 001 011 01 10	Address		
	Palm Beach Gardens, FL 33410			
		City/ State and Zip Code		
ter	ra76@bellsouth.ne	et		
		ed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Terra Yaskin	l	at (561	656-2822	
Name	of Contact Person	Area Coo	le & 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 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)	
Am Div P.O	endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

TO VISION OF CORPORS TATE  12 DEC -3 PH 2
12 DEC OF CORPORTATE
12 OEC -3 PM 2:57

Yaskin Therapy Services, Inc.	Torida Dent of State)
(Name of Corporation as currently filed with the F	Torida Dept. of State)
P12000079598	
(Document Number of Corporation (i	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
Functional Movement Rehab and Fitness	, Inc.
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation "	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	The state of the s
	4.5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
N/A	<u>"</u>
Name of New Registered Agent	
· · · · · · · · · · · · · · · · · · ·	reet address)
NI/A	reet adaress)
New Registered Office Address: N/A (City)	Florida
(Cily)	(Lip Coul)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
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>	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			1
Add			
Remove			
2) Change			
Add			the same that th
Remove			- 10 - C - C
3)Change			
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(	or adding additional onal sheets, if necessa				
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		,			
If an amendi	sent amvides for an	evohange reclass	ification or canc	ellation of issued sha	ret.
provisions f	or implementing the	amendment if not	contained in the	amendment itself:	
(if not a	oplicable, indicate N/2	4)			
I/A					
				•	
					·
			·		
	<u> </u>		···		
					· · · ·

The date of each amendment(s) adoption: 12/1/12	<u> </u>
Effective date if applicable: 12/1/12	
	re than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK O	NE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approval.	ders. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group en	lders through voting groups. The following statement ntitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s)	was/were sufficient for approval
by(voting group	<del>)</del> "
☐ The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorpora action was not required.	ntors without shareholder action and shareholder
Dated 11/28/12	· <del></del>
selector, by an incorporator	ther officer - if directors or officers have not been - if in the hands of a receiver, trustee, or other court
appointed fiduciary by that f	•
JEFFREY Y	· · · · · · · · · · · · · · · · · · ·
(Typed or	printed name of person signing)
PRESIDENT	
(Title o	of person signing)