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(Pa	questor's Name)	
(I/C	questor's tvame)	
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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
	siness Entity Name	2)
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(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer	
Special instructions to	Filing Officer.	
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November 14, 2017

RYAN BRADY VIOR LIFE & AESTHETICS 3850 BIRD ROAD - STE. 402B MIAMI, FL 33146

SUBJECT: THE BRADY BONES PROFESSIONAL CORPORATION, INC.

Ref. Number: P13000058018

We have received your document for THE BRADY BONES PROFESSIONAL CORPORATION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The current name of the entity is as referenced above. Please correct your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 017A00022977

Irene Albritton Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: The Brady Bones I	र्गofessional Corporation	
DOCUMENT NUM	MBER: 7130500	28018	
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Ryan Brady		
		Name of Contact Person	n
	VIOR Life & Aesthetics		
	.	Firm/ Company	
	3850 Bird Road, Suite 402B		
		Address	
	Miami, FL 33146		
		City/ State and Zip Cod	e
drb	rady@viorlife.com		
	•	sed for future annual report	notification)
		•	
For further informat	ion concerning this matter, pleas	se call	
Ryan Brady		386 at (882 0181
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	
	Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

The Brady Bones Professional Corporation, Inc.	
(Name of Corporation as currently file	ed with the Florida Dept. of State)
D130000 2 8018	
(Document Number of Co	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation;	ida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co" word "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
_	<u> </u>
-	β., ω · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:	一
(Mailing address MAY BE A POST OFFICE BOX)	
_	21
	N-
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	n Florida, enter the name of the
Name of Nan Decistand Agent	
Name of New Registered Agent	
(Florida street a	(dress)
New Registered Office Address: (City	, Florida) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	and accord the abiting time of the accident
hereby accept the appointment as registered agent. I am familiar with	ина ассері іне ориданову ој те розінов.
<u></u>	
Signature of New Regis.	tered 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	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1)Change	CFO	Michael Corragio	1007 N. FEVERAL HWY #389
X Add		,	FOOT LAWFREAL HWY #389
Remove			FL 33304
2) <u>V</u> Change	P <u>CEO</u>	RYAN BRADY	10 gw s. RIVER DE +1213 MIANI, FC 33146
Add			MIANI, FC 33146
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Romava			

amending or adding additional Articutach additional sheets, if necessary).	(Be specific)				
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			<u>-</u>	_ 	
f an amendment provides for an excl	vanga reclassificati	on or cancells	ntion of issued	shares.	
provisions for implementing the ame	ndment if not cont	nined in the ar	nendment itse	lf:	
(if not applicable, indicate N/A)					
			-	- 	. <u></u>

The date of each amendment(s) late this document was signed.	adoption:, if other than
Effective date <u>if applicable</u> :	•
	(no more than 90 days after amendment file date)
Note: If the date inserted in thi locument's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ea	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
DatedSignature) trely
selec	directors, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Ryan Brady
	(Typed or printed name of person signing)
	President
	(Title of person signing)