P1300014206

(Requestor's Name)				
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12/14/15--01006--013 **25.00

02/09/16--01004--002 **10.00



Amend

FEB 09 2016
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	outh FL	Therapy	Services, Inc.		
DOCUMENT NUMBER: P		,			
The enclosed Articles of Amendment and	ee are submitted f	or filing.			
Please return all correspondence concerning	g this matter to the	following:			
		Dusen of Contact Person			
South FL Therapy Services, Inc.					
South FL Therapy Services, Inc. Firm/Company 16401 SW 248th St, Address					
Homestead FL 33031 City/State and Zip Code					
		amail. Cor urdannual report notif			
For further information concerning this mat	er, please call:				
Jared Van Dusen		at (<u>305</u>)	978-6192		
Name of Contact Person at (305) 978 - 6192 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amou	nt made payable to	the Florida Departme	nt of State:		
\$35 Filing Fee \$43.75 Filing Certificate of	Status Certif	fied Copy (tional copy is (sed) (\$52.50 Filing Fee Certificate of Status Lertifica Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section		Street Addi Amendment			

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



December 16, 2015

JARED VAN DUSEN SOUTH FL THERAPY SERVICES, INC. 16401 SW 248TH ST. HOMESTEAD, FL 33021

SUBJECT: SOUTH FL THERAPY SERVICES, INC.

Ref. Number: P13000074206

We have received your document for SOUTH FL THERAPY SERVICES, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Irene Albritton
Regulatory Specialist II

Letter Number: 615A00026350

Articles of Amendment

PORTER AND SIZE Articles of Incorporation Therapy P1300007420Ce (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

	N/A The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co":- A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADL</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	10401 SW 248 th 5t. Homestead FL 33031
D. If amending the registered agent and/or register new registered agent and/or the new registered Name of New Registered Agent	
164	01 5W 248 + 5+. (Florida street address)
New Registered Office Address: 1+0	Omestead , Florida 33031 (City) (Zip Code)
	(Dip cout)

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 <math>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> <u>John</u>	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
_X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	Ryan Van Dusco	16021 SW 254#5+
Add			Homestead, FL 33071
Remove			74.50
2) Change	P, CEO	Jared Van Dusen	16401 SW 254 th 5 Homesteed, FC 33031
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	**************************************	The state of the s	
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
	NIA_
-	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	NIA
	The state of the s

The date of each amendment(s) adoption: date this document was signed.	* ,	12/8/	15	, if other than the
	•	12/8/	15	
	(no more th	an 90 days after a	ープ mendment file date)	
Note: If the date inserted in this block does a document's effective date on the Department of			filing requirement	s, this date will not be listed as the
Adoption of Amendment(s) (CF	HECK ONE)			
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		The number of vo	otes cast for the ame	ndment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting				
"The number of votes east for the ame	ndment(s) was	/were sufficient fo	r approvał	
by			·"	
(vo	ting group)			
☐ The amendment(s) was/were adopted by the action was not required.	board of direc	ctors without sharel	holder action and sh	areholder
The amendment(s) was/were adopted by the action was not required.	incorporators	without shareholde	er action and shareh	older
Dated/2/8 Signatureau_d	15 Van S	- Cyan		
			rs or officers have n	
appointed fiduciary	orporator — If II by that fiduci	n the hands of a reliary)	ceiver, trustee, or ot	her court
	Jarea	1 Van De	U500	
	(Typed or print	ted name of persor	n signing)	·—————————————————————————————————————
	Presid	clent itle of person signi	CEO	
	(Ti	itle of person signi	ng)	