# P13000078862

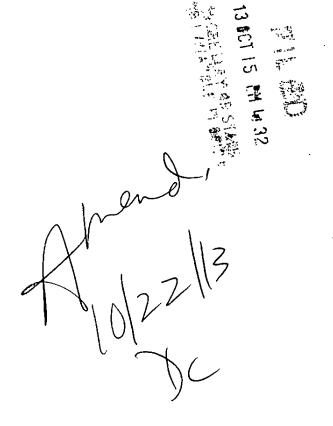
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	D1200007006		ERVICES, CORP.					
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.						
Please return all corresp	pondence concerning this ma	tter to the following:						
!	NAIDA L. DUAN`	Y						
Name of Contact Person								
EXCELLENCE THERAPY SERVICES, CORP.								
-	Firm/ Company							
5901 NW 151 STREET SUITE #112								
_		Address						
	MIAMI LAKES, F	L 33014						
-		City/ State and Zip Cod	e					
EXC	CELTHERAPYSE	RV@GMAIL.CO	OM					
		sed for future annual report						
For further information	concerning this matter, pleas	se call:						
NAIDA L. DU	ANY	at (305	8287272					
Name o	f Contact Person		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)					
<u>Mail</u>	ing Address	Street Address						
Amer	ndment Section	Amendment Section						
	ion of Corporations	Division of Corporations						
P.O. Box 6327 Clifton Building								
i ana.	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301							

#### **Articles of Amendment Articles of Incorporation** of

### EXCELLENCE THERAPY SERVICES, CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

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(Document Number of Corporation (if known)

me must he distinguishable and con				
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the "Co". A professional corporation name must "P.A."		
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u> )		5901 NW 151 STREET		
		SUITE #112		
		MIAMI LAKES, FL 33014		
Enter new mailing address, if appli	5901 NW 151 STREET			
UMAUING DAAPOSS MAY KE A PINT	(Mailing address MAY BE A POST OFFICE BOX)			
(Mauing address <u>MAY BE A POST</u>	<u> </u>	SUITE #112		
(mauing address MAY BE A POST	<u> </u>	SUITE #112 MIAMI LAKES, FL 33014		
·	id/or registered office ad	MIAMI LAKES, FL 33014		
. If amending the registered agent an new registered agent and/or the new	nd/or registered office address N/A  (Florida s	MIAMI LAKES, FL 33014  dress in Florida, enter the name of the ss:		
. If amending the registered agent an new registered agent and/or the new	nd/or registered office address N/A  (Florida s	MIAMI LAKES, FL 33014  dress in Florida, enter the name of the ss:		

## 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 Do	<u>c</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_	N/A	
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5 <b>-</b>				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

A	
-	
	<del></del>
<del></del>	
If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
Α	
<del>-</del>	<del></del>

The date of each amendment(s) adoption: 10/07/2013	, if other than the
date this document was signed.	
Effective date if applicable: N/A	<u></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. 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_10/07/2013	
Signature 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)	
NAIDA L. DUANY	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	_