P13000087656

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Recreational Thera	ipy To You INC	
DOCUMENT NUMI	P13000087656 BER:		····
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Paul Johnson		
	Therapeutic Interventions, In	Name of Contact Person c.	n
		Firm/ Company	
	4801 S University Drive, Sui		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Davie, Florida 33328		
		City/ State and Zip Cod	e
pejoh	nsone@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
	•		
For further informatio	n concerning this matter, pleas	se call:	
Paul Johnson		786	2953619
Name	of Contact Person	at ()at ()	
Enclosed is a check for	or 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)
Ame Divi P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of



Recreational Therapy To You Inc

(Nome o	f Corporation on surror	tly filed with the Florida I	Dept. of State)
P13000087656	il Corporation as currer	trid tilen with the Piotina r	Pept. of State)
	(D N	-50	<u> </u>
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporatio	n adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:		
Therapeutic Interventions, Inc.			<i>7</i> 1
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corp	
P. F. A	:6!:\!	4801 S University Dr,	Suite 263
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>		Davie	
		Florida 33328	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4801 S University Dr,	Suite 263
,		Davie	
		Florida 33328	

D. If amending the registered agent an new registered agent and/or the new			name of the
new registered agent and/or the new	V TERRITER OFFICE ADDITE	<u>333.</u>	
Name of New Registered Agent	4001 G.I.I		
	4801 S University Dr, S	uite 263	
		street address)	
			33328
New Registered Office Address:	Davie		, Florida

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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2)Change			
Add			
Remove			_
3) Change			
Add		-	
Remove			
4) Change			
Add			
Remove			
S) Change			
5) Change			
Add			
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6) Change			
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f an amandment provides for an avail	hange realessification or concellation of issued shares
f an amendment provides for an excl provisions for implementing the ame	hange, reclassification, or cancellation of issued shares,
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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The date of each amendment(s) adoption: Hugust 1st, 2016, if other than the date this document was signed.
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)
(v, v, v, v)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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"
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 8 15 2016
Signature / Olllet .
(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)
Barbara Barrett
(Typed or printed name of person signing)
President
(Title of person signing)