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DIVISION OF CORPORATION OF

V HERRING MAY 1 7 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION:INTERNATIONA	L THERAPY OF CENTRA	AL FLORIDA INC		
DOCUMENT NUM	IBER: P14000081796				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	SANG HARRIS				
		Name of Contact Person	1		
	SANG N HARRIS, CPA, P.A				
		Firm/ Company			
	800 N. FERNCREEK AVE. #16				
	Address				
	ORLANDO, FL 32803				
		City/ State and Zip Code	e		
SAN	NGHARRIS@AOL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
SANG HARRIS		at (_407	895-6036		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check f	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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle essee, FL 32301		

Articles of Amendment to Articles of Incorporation of



INTERNATIONAL THERAPY OF CENTRAL FLORIDA INC

1819 HAY 15 PH 5: 08

(Name	of Corporation as current	ly filed with the Florida	Dept. of State)
P14000081796			
	(Document Number of	of Corporation (if known)	,
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporat	tion adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation;		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional co	
B. Enter new principal office address,	if annlicable:		
(Principal office address MUST BE A S			
C. Enter new mailing address, if appl			
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		
D. If amending the registered agent an	nd/or registered office add	ress in Florida, enter th	e name of the
new registered agent and/or the ne			
Name of New Registered Agent	MEISHAN JIN		
	9202 S. HWY 17-92		
	(Florida st	reet address)	
New Registered Office Address:	MAITLAND		, Florida 32751
THE REGISTER OF THE TRADE TO THE PERSON.		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			zations of the position.
	g		,
		11-	7
		7	
	Signature of New I	Registered Agent, if chang	ging

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>	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
1) Change	P,S	SHIN, HYUN J.	9202 S. HWY 17-92
Add X Remove			MAITLAND, FL 32751
2) Change	P,S	JIN, MEISHAN	9202 S. HWY 17-92
X Add			MAITLAND, FL 32751
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach add	g or adding additional Articles, enter change(s) here: tional sheets, if necessary). (Be specific)	
provisions	Iment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)	
.		

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast 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):	at .
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(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	
MAY 9, Dated	2017	
Signature		
(By a selec	director, 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)	<u>.</u> _
	MEISHAN JIN	
	(Typed or printed name of person signing)	<u> </u>
	PRESIDENT	
	(Title of person signing)	