(Requestor's Name) (Address) (Address)	400314374254
(City/State/Zip/Phone #)	05/11/1801038015 **35.00
Special Instructions to Filing Officer:	TILED SIVE STORES AND AMD

R. WHITE JUN 1 3 2018

## COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: _	Master Therapy Corp
DOCUMENT NUMBER:	PISODOUDEBOLD

The enclosed Articles of Amendment and fee are submitted for tiling.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Area Code & Daytime Telephone Number 1 2 VO Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

🕱 - \$35 Filing Fee

S43.75 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 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

	Articles of Amendment	FILED
	to	10 000 00
	Articles of Incorporation	18 JUN II PH 1:37
Master T	heropycorp	SECTION TO MARK
( <u>Name of Cor</u>	poration as currently filed with the Florida I	Dept. of State)
	<u>OOUEDUD</u>	
(	Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006. as Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corporatio</i> .	n adopts the following amendment(s)
a. <u>If amending name, enter the new name of</u>	the corporation:	
	ie word "corporation," "company," or "inco "Corp," "Inc," or "Co", A professional corp or the abbreviation "P.A."	
<ol> <li><u>Enter new principal office address, if app</u> Principal office address <u>MUST BE A STREE</u></li> </ol>		······································
<ul> <li>Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>)</li> </ul>		
If amonding the registered agent and/or r	egistered office address in Florida, enter the	name of the
new registered agent and/or the new regis		
None of New Designand Lawy		
<u>Name of New Registered Agent</u>		
	(Florida street address)	
New Registered Office Address:		, Florida <i>(Zip Code)</i>
	(City)	(Zip Code)
terre Dund sound strength Champaran (Calify and	an Degistered Assess	
ew Registered Agent's Signature, if changir hereby accept the appointment as registered a	<u>ig Registered Agent:</u> gent. I am familiar with and accept the obligat	ions of the position

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A+,

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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 hold: 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: <u>X</u> Change	<u>PT</u> <u>John Doe</u>	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>_X</u> Add	<u>SV Sally Smith</u>	
Type of Action (Check One)	<u>Title Name</u>	<u>Address</u>
1) Change	VP Elisbeth Quintana Cabre	14201 SW28 ST
Add	Cubie	14 Miami FL 33175
<u> </u>		
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5/ Change		
Add		<u> </u>
Remove		
6) Change		
Add		
Remove		

E. If amending or adding additional Articles, enter change(s) here:

\_

\_\_\_\_\_

(Attach additional sheets, if necessary). (Be specific)

. .....

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N.A)

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	ption:()[1][20]]0	, if other than th
ffective date <u>if applicable</u> :	(no more than 90 days ajter amendment tile date)	
ote: If the date inserted in this ble beument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as th
doption of Amendment(s)	( <u>CHECK_ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. <i>The following statement</i> with voting group entitled to vote separately on the amendment(s):	r
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	,	
	ivoling group)	
The amendment(s) was/were adop action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated	112018	
· · · · · ·	h.	
selected.	etor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court f fidneiary by that fiduciary)	
-	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	

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