Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000412217 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973

Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for futureannual report mailings. Enter only one email address please.\*\*

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN LIFECARE REHAB THERAPY OF FLORIDA CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

COUR

## Articles of Amendment

to

## Articles of Incorporation

of

$I \cdot I_{\alpha} = I_{\alpha} \cdot I_{\alpha}$
Life Com Rehab therapy of flow to Corp.
Florido D. O. C.
Florida Document Number: P1600092129
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
following amendment(s) to its Articles of Incorporation:
Cosect all addresses to  900 w 49 st sut 424 Hialea 12 33012
900 w 40 ct out 11
145 801 424 Hialea 12 330/2
202 202 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
EC C
These articles of amendment were adopted on 12/2/20
The comporation has only one group of the Comporation has only one gro
The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.
Lesther Focutes (NUZ (P)
Signature
Printed Name and Title

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.