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endan)	:55)		
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(City/S	State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL	
(Ruein	ess Entity Name)		
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(Docui	ment Number)		
Certified Copies	Certificates of	Status	
Special Instructions to Fili	ng Officer:		
Opecial instructions to Fill	ng Omcer.		

Office Use Only



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JUN 1 9 2017 S. YOUNG



COVER LETTER

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: at (<u>844</u>) <u>978-7466</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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

WHOME Physical	Nerapy, V. H.
PMODDI582	filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
AT HOME Physica	1 Therapy, P.A. The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	'o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	11554 Big Sky Ct Boxa Raton, FU 33498
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1554 Big Sky Ct Boca Raton, FL 33498
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent 1554 B	19 Sty Ct
New Registered Office Address: Bua Rate	. Florida <u>75498</u> (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar w	

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>P.L.</u>	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
l)Change		_		
Add				
Remove				
2) Change	<u></u>			
Add				
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3.) Change				
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

amending or a	dding additional Articles, enter change(s) here: sheets, if necessary). (Be specific)	
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an amendmen	provides for an exchange, reclassification, or ca	ncellation of issued chame
	nplementing the amendment if not contained in	
(if not appli	cable, 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 amendi	nent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes car by the shareholders was/were sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	
"The number of votes east for the amendment(s) was/were sufficient for appr	oval
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	
Dated 6 1 6	
Signature(By a director, president or other officer – if directors or o	Warm have not been
selected, by an incorporator – if in the hands of a receiver	
appointed fiduciary by that fiduciary)	
Nicola Cava	
(Typed or printed name of person sign	ing)
President/Own	٥٢
(Title of person signing)	