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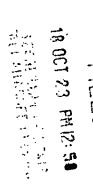
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TREE REHAB IN	C		
DOCUMENT NUM	P17000035252		··········	
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	itter to the following:		
	JACKIE BROWN			
		Name of Contact Perso	n	
	TREE REHAB INC			
		Firm/ Company		
	6857 EAGLE RIDGE LOOF	•		
		Address		
	LAKELAND, FLORIDA 33	813		
		City/ State and Zip Cod	e	
A DA	MIN@TREEREHABINC.COM	4	,	
		sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:	226-3091	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check fi	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		Street	Address	
	nendment Section		Iment Section	
	vision of Corporations		on of Corporations	
•	D. Box 6327 lahassee, FL 32314		Building Executive Center Circle	
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Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) P17000035252 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abli "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must coword "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) LAKELAND, FLORIDA 33813	The new breviation ontain the		
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D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:			
Name of New Registered Agent JACKIE BROWN			
6857 EAGLE RIDGE LOOP			
(Florida street address)			
New Registered Office Address: 33813 LAKELAND 33813 Florida	33813 Florida		
(City) (Zip Co	rde)		

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 Doc	
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>	Address
1) Change	CFO	BACANO SERVICES INC	859 SCHOOLHOUSE RD
Add			SUITE D
X Remove			LAKELAND, FL 33813
2) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			-
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additioi</i>	nal sheets, if necessar	y). (Be specific)				
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rovisions for	ent provides for an er implementing the a plicable, indicate N/A	mendment if not o	ication, or cancell ontained in the a	lation of issued s mendment itself:	hares,	
			 			
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The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s 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 cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareh action was not required.	older
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	r
10/16/2018	
Signature Led, Bu	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
JACKIE BROWN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	