P1700053923

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SECRETARY OF STATE
SALI ANASSEE, FLORIDA

DEC 0 5 2018 S. YOUNG

COVER LETTER

TO: Amendment Sect Division of Corpo			
NAME OF CORPOR	Mountaine P1700	ineer's Ther	apentic Center, Inc
	of Amendment and fee are so		
		_	
Please return all corres	pondence concerning this ma	itter to the following:	
	1340 Kenu West Paln	Name of Contact Person Person Firm/ Company Jond Road Address Deach Fred City/ State and Zip Cod MSA DNC, O sed for future annual report	
		To the state of th	nouncation
For further information	concerning this matter, pleas	se call:	
Mary Juan	1SATIK ORG	at (501	132-3938 dc & Daytime Telephone Number
		742 CO	oc a baytime reteptione (varioe)
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address		<u>Address</u>
	ndment Section		ment Section
	ion of Corporations Box 6327		n of Corporations
	Box 6327 hassee, FL 32314		Building
1 8118	1141500, 1 12 32314	4001 E	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of frice	o por action
Mountaineer's Therapaut	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P170000 53923	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Cword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1340 Kenwood Koad
,	Nest Palm Beach FL 33401
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above T
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	P
(Florida stre	ret address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.

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>PT</u>	John De	<u>ne</u>					
X Remove	<u>v</u>	Mike Jo	ones					
<u>X</u> Add	<u>sv</u>	Sally Sr	<u>nith</u>					
Type of Action (Check One)	Title		Namc		<u>Addres</u> s			
1) Change	P		Mary Jo W	alsh-Wals	on		_	
Add			r		9029 5	Neer Glenk	key	
Remove					Lake W	orth Fl 33	467	
2)	71		Magaly	Deche			-	
Add						S.E. Daver		Way
Remove			Legiard Wal	- Lulatona	Stront	FL 3479	27	
3) Change	<u></u>	_	Legiard Man	SIJ- MENDON	(4006 5	1 - (°1) (1	-	
Add Remove					Lake Wi	ilver Glan W 17th fr. 334	24 (67	
4) Change		_					-	
Add							-	
Remove							-	
5) Change	*	_					_	
Add							_	
Remove						···	-	
i) Change		_					_	
Add							_	
Remove							_	

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
-	

The date of each amendment(s) adoption:	, if other than t
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 block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CRECK ONE)	
The amendment(a) was/were adopted by the shareholders. The number of votes east for the amend by the shareholders was/were sufficient for approval.	iment(s)
The amendment(s) was were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to wife separately on the amendment(s)	itatzmeni i):
"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 shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder.	•
1 serion was not required.	
Dated	
Signature Magaly D. Ochoon	
(By a director, provident to other officer - if directors or officers have not selected, by an incomparator - if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	t com.t pesti
(Typed or printed same of person signing)	
Property of the same of person rigging)	
(Title of person signing)	
(vice or yetson signing)	