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SECRETARY OF STATE

FEB 2 6 2018 T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: STORM! Performance and Physcial Therapy Inc
DOCUMENT NUMBER: PISODOO 6710
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stormi Grzybek Name of Contact Person
Stormi Performance and Physical therapy Inc
3939 E Eden ROC LIT Address
Tampa FL 331034 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stormi Grzybek ar aga 410-4922
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \ (Additional copy is enclosed) \ \text{Copy} \ (Additional Copy is enclosed) \ \text{Certified Copy} \ (additional Copy is enc
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

SIGHT FEIGHT EINE GIRL PHYSCIGITIE	
(Name of Corporation as currently filed with the Florida Dept. of Stat	<u>e</u>) ' Ü
PIB0000010710	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	following amendment(s)
A. If amending name, enter the new name of the corporation:	
stormi Performance and Physical Therapy Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation nar word "chartered," "professional association," or the abbreviation "P.A."	or the abbreviation
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)	
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	
(Florida street address) New Registered Office Address: , Florida	SE
(City)	Z(Zip Lode)
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 p	23 P # 01
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 Do	<u>oe</u>			
X Remove	<u>v</u>	<u>V</u> <u>Mike Jones</u>				
X Add	SV Sally Smith					
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
I) Change		_				
Add						
Remove						
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change			-			
Add						
Remove						
6) Change						
Add		_				
Remove						

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

The date of each amendment(s) adoption: 21918 date this document was signed.	, if other than the
Effective date if applicable: 21918 (no more than 90 days after amendment fil	le date)
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	rements, this date will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	he amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the ame	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
Dated 2/19/18	
Signature (By a director, president or other officer – If directors or officers selected, by an incorporator – if in the hands of a receiver, truste appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
Drewant	

(Title of person signing)