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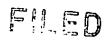
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: MEDICAL MASSAGE THERAPY INC DOCUMENT NUMBER: P18000069226 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JULIET N BURKS Name of Contact Person NEURODIAGNOSTIC STUDIES INC Firm/ Company 7702 BALHABOUR DRIVE Address NEW PORT RICHEY, FL 34653 City/ State and Zip Code MEDMASSAGETHERAPY@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JULIET N BURKS at (727 | Sob-9142 | Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MEDICAL MASSAGE THERAPY INC

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| MEMOAL MASSAGE THERAFT INC | and the mit of the |
|---|--|
| (Name of Corporation as current | ly filed with the Florida Dept. of State) |
| P18000069226 | His with the Florida Dept. of State) |
| (Document Number of | of Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| NEURODIAGNOSTIC STUDIES INC | . The new |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation | n'," "company," or "incorporated" or the abbreviation "Co". 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>) | |
| 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 add new registered agent and/or the new registered office address | ress in Florida, enter the name of the |
| Name of New Registered Agent | |
| | |
| (Florida str | vet address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent | <u> </u> |
| I hereby accept the appointment as registered agent. I am familiar | th and accept the obligations of the position. |
| | |
| | |
| Signature of New R | legistered Agent, if changing |

| address of each Officer (Attach additional sheets Please note the officer/di P = President; V= Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones led Mike Jones, V as Remove | and/or I , if neces rector tit Presiden = Chief er, Direct in the fa | Director h sary) tle by the f st; T= Tre Financial for would torporation | cing added: irst letter of the office tit asurer; S= Secretary; E Officer. If an officer/di be PTD. tanner. Currently John on, Sally Smith is named | le: = Director; TR= Tr rector holds more to Doe is listed as the P | director being removed and title, name, and mustee; $C = Chairman \ or \ Clerk$; $CEO = Chief$ han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change, |
|---|--|--|--|---|--|
| Example: X Change | <u>PT</u> | John Do | <u> </u> | | |
| X Remove | <u>V</u> | Mike Jones | | | |
| <u>X</u> Add | <u>sv</u> | Sally St | nith | Ì | |
| Type of Action (Check One) | <u>Title</u> | | Name | | <u>Addres</u> s |
| f) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 2) Change | | _ | | | |
| Add | | | | | |
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| 3) Change | | | | <u> </u> | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | _ | | <u> </u> | |
| Add | | | | 1 | |
| Remove | | | | | |
| 5) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | - |
| 6) Change | _ | _ | | <u> </u> | |
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| Attach additional sheets, if necessary). (Be specific) | |
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| f an amendment provides for an exchange, reclassificatio | m, or cancellation of issued shares |
| provisions for implementing the amendment if not contai | ined in the amendment itself: |
| Seasons for unbicurring the amendment it not collisi | |
| (if not applicable, indicate N/A) | |

| MARCH 30, 2019 The date of each amendment(s) adoption: | 18 at at a |
|---|-----------------------------------|
| date this document was signed. | , if other than the |
| 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, the document's effective date on the Department of State's records. | is 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. | nent(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s): | itement |
| "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. | nolder |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required. | er |
| Dated March 30, 2019 | |
| Signature Juliet Neely Burks | |
| (By a director, president or other officer - if directors or officers have not b | cen |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other | court |
| appointed fiduciary by that fiduciary) | |
| JULIET N BURKS | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |