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2018 OCT -1 AM 11: 21 SECRETARY OF STATE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CO	RPORATION: Candice Berengue	er DPT Inc.				
	NUMBER: P18000080407					
	ticles of Amendment and fee are s	ubmitted for filing.				
Please return all	correspondence concerning this m	atter to the following:				
	Candice Berenguer	Candice Berenguer				
		Name of Contact Person	n			
	Candice Berenguer DPT PA					
		Firm/ Company	:: <del></del>			
	7726 SE Mammoth Dr					
	<u></u>	Address	· · · · · · · · · · · · · · · · · · ·			
	Hobe Sound, FI 33455					
		City/ State and Zip Cod	÷			
	candicebean@gmail.com					
	E-mail address: (to be u	ised for future annual report	notification)			
For further infor	mation concerning this matter, plea	ise call:				
Candice Bereng	uer	at ( 772	de & Daytime Telephone Number			
	Same of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a che	eck for the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing F	ee □S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assec, FL 32301			

## Articles of Amendment to Articles of Incorporation of

## FILED

2018 OCT - 1 AM 11: 26

Candice Berenguer DPT Inc. (Name of Corporation as currently filed with the Florida Dept. of State) IRY OF STATE TALLAHASSEE, FL P18000080407 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Candice Berenguer DPT PA name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "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) 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 (City) 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 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 Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<del></del>
Add			
Remove			
6) Change			
Add			
Remove			

I. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
Providing Physical Therapy Care	
<del>-</del> ·	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s)	09-28-18 adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date we department of State's records.	vill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
09-28-18 Dated		
Signature		
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	<del></del>
	Candice Berenguer	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	