P19000016996

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2021 DEC 20 AM 9: 21

C. BRUMBLEY JAN 1 1 2022

COVER LETTER

TO: Amendment Section

Division of Corporations

	RATION: JOHNER THERA		
DOCUMENT NUM	BER: P19000016996		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	EDDIE GONZALEZ		
		Name of Contact Person	
	JOHNER THERAPY INC.		
		Firm/ Company	
	12165 SHERIDAN ST		
		Address	
	HOLLYWOOD, FL 33026		
		City/ State and Zip Code	2
	EDDIE@PHYSICALTHERA	APYNOW.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
EDDIE GONZALEZ	2	at (³⁰⁵	970-1430
Name	of Contact Person	Area Coo	970-1430 de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Talfahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810
		Tallahassee, FL 32303	

Articles of Amendment to Articles of Incorporation of

(<u>Name</u> (of Corporation as curren	tly filed with the Florida Dept.	of State)		
P19000016996					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s <i>Florida Profit Corporation</i> add	opts the following	g ame	ndment(s) to
A. If amending name, enter the new na	ame of the corporation:			77.7	
name must be distinguishable and contain	the word "corporation"	"company" or "incorporated" o	or the abbreviatio		new oro ''
"Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation na-			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		706 SW Pine Island Rd	· .	02! D	
		Unit 107	• •	EC 2	
		CAPE CORAL, FL 33991	· -	<u> </u>	[TT
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12165 SHERIDAN ST	(11년) 건강 <u>기간</u>	AH 9: 2	
		COOPER CITY, FL 33026	ָּרָיז. יים:	ţ	
					_
D. If amending the registered agent an new registered agent and/or the new			e of the		
Name of New Registered Agent	EDDIE GONZALEZ				
	12165 SHERIDAN ST				
	(Florida s	treet address)			
New Registered Office Address:	COOPER CITY	,	Florida 33026		
		(City)	(Zip C	ode)	
New Registered Agent's Signature, if c					
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligations	of the position.		
	-				
	Signature of New	Registered Agent, if changing			

Check if applicable

JOHNER THERAPY INC.

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 $\underline{\mathbf{V}}$ X Remove Mike Jones SV \underline{X} Add Sally Smith Type of Action <u>Title</u> <u>Name</u> Address (Check One) CEO **EDDIE GONZALEZ** 12165 SHERIDAN ST 1) ____ Change COOPER CITY, FL 33026 Add Remove KIMBERLY JOHNER 3808 AGUALINDA BLVD CEO 2) ____ Change #204 ____ Add CAPE CORAL, FL 33914 Remove Change ___ Add __ Remove 4) Change ___ Add _ Remove 5) ____ Change Add __ Remove 6) ____ Change $_$ Add Remove

(Attach additiona	adding additional Articles, enter change(s) here: I sheets, if necessary). (Be specific)

<u>-</u>	
. If an amendme	nt provides for an exchange, reclassification, or cancellation of issued shares,
provisions for	implementing the amendment if not contained in the amendment itself:
	icable, indicate N/A)
DDIE GONZALE	Z WILL RECEIVE 50% OF TOTAL SHARES (500 SHARES)

	12/08/21	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
	2/08/21	
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amei	idment file date)
Note: If the date inserted in the document's effective date on the		ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors	without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes sufficient for approval.	cast for the amendment(s)
	approved by the shareholders through voting grouf or each voting group entitled to vote separately of	
"The number of votes of	ast for the amendment(s) was/were sufficient for a	pproval
by		
, <u> </u>	(voting group)	
12/14/2		
Dated		
Signature		
(By	director(president or other officer – if directors of the	
	EDDIE GONZALEZ	
	(Typed or printed name of person s	gning)
	CEO	
	(Title of person signing)	