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To:

Division of Corporations

3052201440

Fax Number : (850)617-6380

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019

Phone

: (305)552-5973

Fax Number

: (3**0**5)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ••

| Email | Address; | | | |
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COR AMND/RESTATE/CORRECT OR O/D RESIGN ONE TO ONE PHYSICAL THERAPY AND RECOVERY, INC.

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

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| Articles of Amendment to | 2. 1 TO 111 In: | c c |
| Articles of Incorporation | -· · · · · · · · · · · · · · · · · · · | ** ** |
| of of | | |
| One To One Physical Therapy and (| ecovery inc | |
| Florida Document Number: P2000049800 | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Floridal Statutes, the Fl | rida Profit Cornoratio | m adonto st. |
| Please Remove Suste #101 From Princip Seasstered A. to All | .] [] [| a adopts the |
| Constant A A A A A | ol, Mailing an | <u>d</u> |
| Segistered Agents Address | | |
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| These articles of amendment were adopted on $10-21-20$ | | |
| The corporation has only one group of voting stock. This amendment was approve votes cast for amendment was sufficient for approval | ed by the share holders and | d the number of |
| -1/ | | |
| | | |
| Signature | | |
| M. M. Digitalize | | |
| Mair, Manuel F. Pres. | | |
| Printed Name and Title | | |

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.