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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION: Cential F DOCUMENT NUMBER: P21000	Florida Equine Therapies, Inc 0005503
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
Central Flori 114 Rock Longwood	Namelof Contact Person La Equine Therapies, Inc Firm/ Company Lake Rad Address FL 32750 City/ State and Zip Code @ YMail. Com d for future annual report notification)
For further information concerning this matter, please	call:
Frank Compare Hi Name of Contact Person Enclosed is a check for the following amount made parts	at (<u>407</u>) <u>496-9492</u> Area Code & Daytime Telephone Number ayable to the Florida Department of State:
S\$\int \text{S35 Filing Fee & Certificate of Status}	☐\$43.75 Filing Fee & ☐\$52.50 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	Street Address Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

(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:

as Aracies of meorporation.		
A. If amending name, enter the new name of the corporation		
name must be distinguishable and contain the word "corporation.	actic Inc The	ne
name must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.	. A professional corporation name must contain the	vrp. wo
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	W/14	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	W)H	
D. If amending the registered agent and/or registered office a	address in Florida, enter the name of the	
new registered agent and/or the new registered office add		
Name of New Registered Agent	N/A	
	,	
(Florida	a street address)	
New Registered Office Address:	, Florida	
New Regimered Office Handens.	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	ent: ar with and accept the obligations of the position.	

Signature of New Registered Agent, if changing

Check if applicable

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)

Example:

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.

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	<u>Name</u>	Address
1) Change		NIA	
Add			
Remove			
2) Change		NA	
Add			
Remove 3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove		. 1	
5) Change		N/A	
Add			
Remove		N I o	
6) Change		N/A	
Add			
Remove			

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sanna raelassificatio	n or cancellation	of issued shares	
ndment if not contain	ned in the amend	ment itself:	
	_		
			
		·	
	ange, reclassificatio	ange, reclassification, or cancellation	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

late this document was signed.	adoption: if oth	er than th
Iffective date if applicable:		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this ocument's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be be partment of State's records.	isted as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder	der
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
must be separately provided f	opproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): It for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
DatedSignature	director, president or other officer – if directors or officers have not been	
selec	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	Frank Compartett. (Typed or printed name of berson signing)	-
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