Division of Corporations

# P94000016128

### Florida Department of State

Division of Corporations

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Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335
Phone: (305)599-0839
Fax Number: (305)716-0346

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## **BASIC AMENDMENT**

#### FLORIDA INSTITUTE OF HYPNOTHERAPY INC.

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 22, 2000

FLORIDA INSTITUTE OF HYPNOTHERAPY INC. 671 NW 124 PL MIAMI, FL 33182US

SUBJECT: FLORIDA INSTITUTE OF EYPNOTHERAPY INC.

REF: P94000016128

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Karen Gibson Corporate Specialist FAX Aud. #: H00000066755 Letter Number: 200A00064273

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#### ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION

#### FLORIDA INSTITUTE OF HYPNOTHERAPY INC.

Pursuant to Section 607.187(1), Florida Statutes, the undersigned corporation adopts the following articles of emendment to its articles of incorporation.

#### FIRST

The name of the corporation is: FLORIDA INSTITUTE OF HYPNOTHERAPY : INC.

#### SECOND

The following amendment(s) to the articles of incorporation was (were) adopted by the corporation:

ARTICLE II. - TO READ: The new principal place of business and mailing address of this corporation shall be 1490 WEST 49TH PLACE SUITE 390, HIALEAH, FL 33012.

ARTICLE IV.- The name and address of the new registered agent is CELESTINO LOPEZ, 1490 WEST  $49^{TH}$  PLACE SUITE 390, HIALEAH, FL 33012.

ARTICLE V.- TO READ: The name and street address of the director and officer of the corporation is CELESTINO LOPEZ, 1490 WEST 49TH PLACE SUITE 390, HIALEAH, FL 33012.

#### THIRD

The amendments to the Articles of Incorporation were adopted by the shareholders of the corporation on the  $\theta^{m}$  day of November, 2000.

FLORIDA INSTITUTE OF HYPNOTHERAPY INC.

Corporation Name

ELENA ALEMAN

President or Vice President

#### ACCEPTANCE BY REGISTERED AGENT

Having been named to Accept Service of Process for FLORIDA INSTITUTE OF HYPNOTHERAPY INC., at the place designated in the Articles of Incorporation, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all Statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325 Florida Statutes.

CELESTINO LOPEZ

Registered Agent

Acceptance signed this 22 day of DECEMBER , 2000.