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2012 JUL -9 PM 4: 04
SECRITARY OF STATE
SECRITARY OF STATE

7/11/12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Miller E.	Morprises In	c of NORTH Plosed
DOCUMENT NUME	() (3 (- 0 0	0001360	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Tom 1	Name of Contact Person	
•		Name of Contact Person	
	CRESTV	Firm/ Company	Theropy Clinic
		Brook meade	
		Address	
	CKE37	VIEW FL City/ State and Zip Code	32539
		City/ State and Zip Code	
-	+millera cv	otc. com	notification)
For further information	concerning this matter, pleas	se call:	
Tom	Miller	at (850	682-4466 de & Daytime Telephone Number
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	riment of State:
☐ \$35 Filing Fee	☐\$43.75 Filing Fcc & Certificate of Status	□\$43.75 Filing Fcc & Certified Copy (Additional copy is croclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address		<u>Address</u>
A me	ndment Section	Amand	mant Cantion

Division of Corporations P.O. Box 6327 Tallahassee, PL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

2012 JUL -9 PM 4: 04

Articles of Incorporation SECRETARY OF STATE 50000001360 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Floridu Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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) (Zip Code)

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	PT	John Doe				
X Remove	Y	Mike Jones	20		,	
_X Add	<u>sv</u>	Sally Smith	W	Chi	ANSES De	
Type of Action (Check One)	Title	<u>Name</u>			Address	
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2) Change Add Remove	<u> </u>			se de commonde de la		
Change Add Remove	an - and and the state of the state of the			·		
4) Change Add Remove	***********					
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6) Change Add Remove	· 			***************************************		

attach additional shee	additional Artics, if necessary).	(Be specific)			
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f an amendment pro- provisions for impler (if not applicable,	nenting the ame	innge, reclassifi ndment if not e	estion, or cancel ontained in the s	lation of issued st mendment itself:	nares,
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The date of each amendment(s) adoption: Duly 6, 2012
Effective date if applicable: Duly 6, 2017
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by
(voling group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated Duly 4, 2012
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Thomas A Miller
(Typed or printed name of person signing)
(Title of person signing)
Crina or harrow grounds