



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ABORETA HEALTHCARE, INC.**

Certificate of State	SILAS	0
Certified Copy	MAY 20 2022	0
Page Count		04
Estimated Charge		\$35.00

RECEIVED

2022 MAY 19 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FL

05/19/2022 PM 3:09

FILED

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

2022 MAY 19 PM 3:09

SECTION I (1-4 must be completed)

SECRETARY OF STATE
TALLAHASSEE, FL

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ARBORETA HEALTHCARE, INC

Enter new principal office address, if applicable: 7349 Merchant Court

(Principal office address

MUST BE A STREET ADDRESS)

Lakewood Ranch, FL 34240

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

7349 Merchant Court

Lakewood Ranch, FL 34240

2. The Florida document number of this limited liability company is: F20000005070

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 11/12/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	SEE ATTACHED		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Lauren Underwood

Signature of the authorized representative

Dale Poe, Secretary, By: Lauren Underwood, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00

ARBORETA HEALTHCARE, INC

Officer Update

REMOVE:

Title DCEO

CASSIDY, BRUCE

5115 EAST STATE ROAD 64

BRADENTON, FL 34208

Title D

VALENTINO, MICHAEL

5115 EAST STATE ROAD 64

BRADENTON, FL 34208

Title DCFO

TICHENOR, ROGER

5115 EAST STATE ROAD 64

BRADENTON, FL 34208

Title ST

HUFFMAN, JANET

5115 EAST STATE ROAD 64

BRADENTON, FL 34208

ADD:

Dale Poe - Secretary - 7349 Merchant Court Lakewood Ranch, FL 34240

Louis Collier - CEO - 7349 Merchant Court Lakewood Ranch, FL 34240

Diane Harden - CFO - 7349 Merchant Court Lakewood Ranch, FL 34240