

P000000074608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

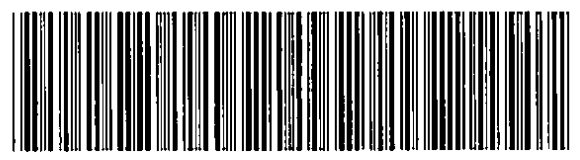
(Business Entity Name)

(Document Number)

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*Amend*

2022 NOV -3 AM 10: 29

FILED

TALLAHASSEE, FL 323

2022 NOV -3 PM 12: 34

RECEIVED

A. RAMSEY

NOV 04 2022

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$~~25.00~~<sup>35.-</sup>  
AUTHORIZATION SIGNATURE: James Felt  
General Rehabilitation Facility CO P00000074608  
BUSINESS ( Name) Document #

- Walk in  Pick up time \_\_\_\_\_
- Mail out  Will wait
- Photocopy
- Certified Copy of Organization (please stamp each page)**
- Certificate of Status**

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP**

**AMMENDMENTS**

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger
- Conversion**
- AFFIDAVID BY FOREIGN CORP.**

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATIONS**

- Foreign filing
- Statement of Partnership
- Reinstatement
- Statement of Authority

           APOSTIL()             
Country

Other

EXAMINER'S INITIALS: \_\_\_\_\_

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TALLAHASSEE, FL 32309  
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Other

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** GENERAL REHABILITATION FACILITY CO

**DOCUMENT NUMBER:** P00000074608

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MILTON ARES  
Name of Contact Person

ARES & COMPANY CPA PA  
Firm/ Company

3636 SW 87 AVE  
Address

MIAMI, FL 33165  
City/ State and Zip Code

grf33010@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YDIA TAPIA at (305) 229-8256  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303