

P000000074608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

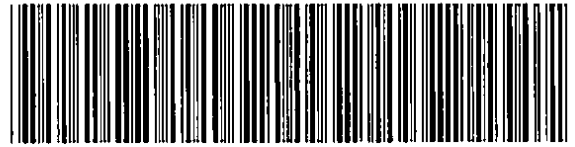
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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: ^{35.-}~~\$25.00~~
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: _____

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^{35.00}

AUTHORIZATION SIGNATURE: _____

General Rehabilitation Facility CO

P00000074608

BUSINESS (Name)

Document #

James Geller

___ Walk in

___ Pick up time _____

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___ AFFIDAVID BY FOREIGN CORP.

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___ APOSTIL() _____

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___ Other

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___ Reinstatement

___ Statement of Authority

EXAMINER'S INITIALS: _____

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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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