PI\$000083178

(Requ	uestor's Name)	
(Addı	ess)	
(Addı	ress)	
(City/	State/Zip/Phon	e #)
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(Busi	iness Entity Na	me)
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(Doc	ument Number)	<u> </u>
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MAR 21 2020 S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORE	PORATION: REHAB SPECIAL	LIST OF LEE CORP	·	
DOCUMENT NU	P18000083178			
The enclosed Artic	les of Amendment and fee are su	bmitted for filing.		
Please return all co	rrespondence concerning this ma	tter to the following:		
	GABRIEL LOZADA			
		Name of Contact Person	1	
	REHAB SPECIALIST OF L	EE		
		Firm/ Company		
	6120 WINKLER RD SUITE	G		
		Address		
	FT MYERS, FL			
		City/ State and Zip Cod	e	
For further informa	E-mail address: (to be us	sed for future annual report	notification)	
GABRIEL LOZA	DA	at (239	841-6797	
Nar	ne of Contact Person		de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	
S35 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

Articles of Amendment to Articles of Incorporation of

REHAB SPECIALIST OF LEE CORP

(Name of Corporation as cu		de Dont of State)	
P18000083178	irrently med with the Fiori	tia Dept. of State)	
	mber of Corporation (if know	vn)	
Pursuant to the provisions of section 607.1006. Florida Statutes its Articles of Incorporation:	•		ng amendment(s)
A. If amending name, enter the new name of the corporati	ion:		
			The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	o". A professional corpor		
B. Enter new principal office address, if applicable:			28
(Principal office address MUST BE A STREET ADDRESS))	2000年	皇刊
	*	227	
		艾乌	
C. Enter new mailing address, if applicable:		2000 2000 2000	0 2
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	no	
		# 12 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2	, u
	<u> </u>		<u>*</u>
D. If amending the registered agent and/or registered offic	e address in Florida, enter	the name of the	
new registered agent and/or the new registered office ac			
Name of New Registered Agent			
Name of New Negmereu Agem	- -		_
	rida street address)		_
(11(0)	rida street adaress)		
New Registered Office Address:		, Florida	
	(City)	(Z:p	Coder
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan		ligations of the position.	
			_
Signature of :	New Registered Agent, if cho	unging	
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	MARIA A PEREZ	6120 WINKLER RD
Add			FT MYERS, FL 33976
X Remove 2) Change	P	GABRIEL LOZADA	6120 WINKLER RD
X Add			FORT MYERS FL 33976
Remove 3) Change		<u></u>	
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	nal sheets, if necessa	ıry). (Be specific	•)			
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					<u></u>	
	<u> </u>			<u> </u>		_
f an amendme	ent provides for an	exchange, reclass	sification, or car	ncellation of iss	ued shares,	
provisions for	r implementing the	amendment if no	t contained in t	he amendment	itself:	
(if not app	olicable, indicate N/2	4)				
					<u> </u>	
						_
						
			<u></u>			

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	02/13/2020
The date of each amendr	
date this document was sig	
Effective date if applicab	12/18/2019
Effective date <u>if applicat</u>	(no more than 90 days after amendment file date)
	in this block does not meet the applicable statutory filing requirements, this date will not be listed as on the Department of State's records.
Adoption of Amendment	(s) (<u>CHECK ONE</u>)
The amendment(s) was action was not required	/were adopted by the incorporators, or board of directors without shareholder action and shareholder
	/were adopted by the shareholders. The number of votes cast for the amendment(s) as/were sufficient for approval.
"The number of v	votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
0:	2/13/2020
Dated	
Signatu	e Meruw.
5 g	(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)
	Maria A. Perez
	(Typed or printed name of person signing)
	President
	(Title of person signing)