P00000074608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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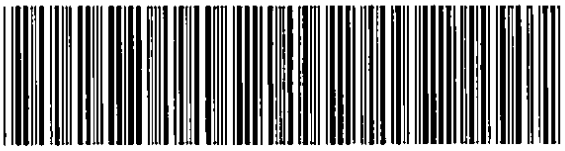

900396759719

Amend

FILED
2022 NOV -3 AM 10:29

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2022 NOV -3 PM 12:34
TALLAHASSEE, FLORIDA

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~~ 35.-
AUTHORIZATION SIGNATURE: _____
General Rehabilitation Facility CO P00000074608
BUSINESS (Name) Document #

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____**Certified Copy of Organization (please stamp each page)**

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____Profit
____Not for Profit
____Limited Liability
____Domestication
____Other
___ **CORP**

AMMENDMENTS

__X__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

_____ APOSTIL() _____ ____Other
Country

REGISTERATION/QUALIFICATIONS

___ Foreign filing
____Statement of Partnership
___ Reinstatement
____ Statement of Authority

EXAMINER'S INITIALS:_____

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

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AUTHORIZATION SIGNATURE: James Fuller
General Rehabilitation Facility CO P00000074608
BUSINESS (Name) Document #

___ Walk in

___ Pick up time_____

___ Mail out

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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