612169

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200302500942

08/29/17--01013--006 **43.75

SEORETARY OF STATE I

コートロン

SEP 0 1 2017 T. LEMANEUX M

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Premier Care of F	Florida, Inc.				
DOCUMENT NUM						
	of Amendment and fee are so	ubmitted for filing.				
Please return all corre	spondence concerning this ma	atter to the following:				
	John T. McQueen					
	Name of Contact Person					
	Firm/ Company					
	973 31st Terrace NE	· · · · · · · · · · · · · · · · · · ·				
	Address St Petersburg, FL 33704					
		City/ State and Zip Cod	le			
john@	gideamcqueen.com					
	E-mail address: (to be u	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
John T. McQueen		at ()			
Name of Contact Person Area Code & Daytime Telephone Numb			de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301			

Articles of Amendment to Articles of Incorporation of

Premier Care of Florida, Inc.			
(Name o	of Corporation as curren	ntly filed with the Florida Dept, of State)	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new na	me of the corporation:		
McQueen Legacy #1, Inc.		71.	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp." "Inc." or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
		973 31st Terrace NE	
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		St Petersburg, FL 33704	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		973 31st Terrace NE	
		St Petersburg, FL 33704	
D. If amending the registered agent and new registered agent and/or the new	l/or registered office addre	dress in Florida, enter the name of the	
Name of New Registered Agent			
	973 31st Terrace NE		
	•	treet address)	
New Registered Office Address:	St Petersburg	, Florida 33704	
		(City) (Zip Code)	
New Registered Agent's Signature, if che the hereby accept the appointment as registed the appointment as registed.	red agent. I am familiar	with and accept the obligations of the position AUG 29 Registered Agent, if changing FEOR AUG 29 Registered Agent, if changing FEOR AUG 29	

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:

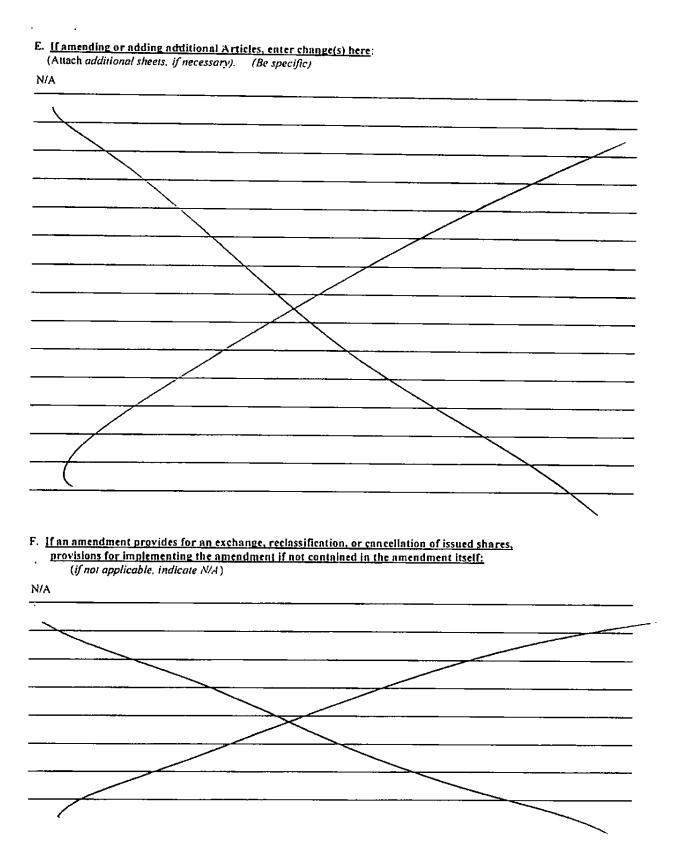
P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director 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.

Example:

X Change	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Salty Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change			
Add Ramove			
2)Change			
Add			
Remove			
3) Change		- \	
Add			
Remove			·
4) Change		-/	
Add Remove			
5) Change	_		
Add /			
Remove			
6) Change		_	
Add			
Remove			

Page 2 of 4



date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	·
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(fficient for approval.	s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	er
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated <u>08</u> /	24 2017	
Signature		
selected	rector, president or other officer - if directors or officers have not been i, by an incorporator - if in the hands of a receiver, trustee, or other coursed fiduciary by that fiduciary)	1
	John McQueen	
•	(Typed or printed name of person signing)	
	President	
•	(Title of person signing)	