

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000070649 3)))



H150000706493ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

- 11- -

Division of Corporations Fax Number : (850)617-6380

From:

Account Name	;	PAUL A. KRASKER,	P.A.
Account Number	:	I2009000007B	
Phone		(561)801-7312	
Fax Number	:	(561)515-2939	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

MAR 20 PKrusker @ Kraskerlaw.com Email Address: G COR AMND/RESTATE/CORRECT OR O/D RESIGN 50 XFOTV XFOTV ALPAT GROVE CARE COMPANY I5 HÀR 20 Certificate of Status 0 Û Certified Copy Page Count 05 Estimated Charge \$35.00 r. LEMIL ... MAR 2 3 2015

Help

* 2z.

No. 1285

P. 1

ហ

Mar. 20. 2015 12:30PM

No. 1285 P. 2

H15000070649 3

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: ALPAT GROVE CARE COMPANY

DOCUMENT NUMBER: 253110

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

Please return all correspondence concerning this matter to the following:

Paul A. Krasker

Name of Contact Person The Law Office of Paul A. Krasker, P.A.

Firm/ Company

501 S. Flagler Drive, Suite 201

Address

West Palm Beach, FL 33401

City/ State and Zip Code

pkrasker@kraskerlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul A.	Krasker
---------	---------

Name of Contact Person

at (561) 515-2929 Area Code & Daytime Telephone Number

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

S35 Pilling Pee

\$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 Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

No. 1285 P. 3

H150000706493

÷

Articles of Amendment

to

Articles of Incorporation of

ALPAT GROVE CARE COMPANY

(Name of Corporation as currently filed with the Florida Dept. of State)

253110

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If smeading name, enter the new name of the corporation:

word "chartered," "professional association," or the abbreviation " B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		"P.A." 14701 Okeechobee Boulevard		
		Loxahatchee, FL 33470		
C. Enter new mailing address, if applie (Mailing address MAY BE A POST (14701 Okeechobee Boulevard		
(172-11-18) 		P.O. Box 997		
		Loxahatchee, FL 33470		
	Paul A. Krasker 501 S. Flagler (Florida s West Palm Bea (Cit)	Ist Drive, Suite 201 breet address) ach y (Zip Code) ti with and accept the obligations of the position.	15 MAR 20 AM II: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	

.

Mar. 20. 2015 12:30PM

No. 1285 P. 4

H15000070649 3

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)

Example:

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 = Chatrman 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 Janes is listed as the Y. 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 Dog	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	<u>Selly Smith</u>	,
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
1) Change	Р	Steven L. Williams	205 SW 1st Street
Add			Belle Glade, FL 33430
Remove			
2) Change	D	Terrel J. Lavergne	205 SW 1st Street
Add			Belle Glade, FL 33430
Remove			
3) Change	Р	Warren Prescott	P.O. Box 997
Add			14701 Okeechobee Blvd.
Remove			Loxahatchee, FL 33470
4) Change			
Add			
Remove			,
5) Change	<u> </u>		
Add			
Remove			
6) Change			
Add			
Remove			

H15000070649 3

Ma.r. 20. 2015 12:31PM

_

_

H15000070649 3

i

; :

: .

ł

ţ

.

AL DOMINIONAL SINCE	ts, if necessary).	les, enter change (Be specific)		
				<u></u>
		····		
	<u></u>			
····				
			·	
·				···
			<u></u>	
		ange, reclassificat	ion, or cancellation	n of issued shares,
amendment pro	vides for an exca		iained in the ame	ament itsen;
visions for imple	menting the ame	<u>ndment if not coa</u>		· · · · · ·
visions for imple	menting the ame	<u>ndment if not con</u>		
visions for imple	menting the ame	ndment 11 not con		
amendment pro visions for imple (if not applicable	menting the ame	ndment if not coa		
visions for imple	menting the ame	ndment if <u>aot coa</u>		
visions for imple	menting the ame	ndment if <u>aot coa</u>		·····
visions for imple	menting the ame	ndment if not coa		
visions for imple	menting the ame	ndment if <u>aot coa</u>	~	
visions for imple	menting the ame	ndment if <u>aot coa</u>		
visions for imple	menting the ame	ndment if ant coa		
visions for imple	menting the ame		~	
visions for imple	menting the ame	ndment if <u>aot coa</u>		

~ -

-

. . .

Mar. 20. 2015 12:31PM

ı.

,

No. 1285 P. 6

H15000070649 3

ł

•

.

.

1

··- · ·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by,**	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 3/9/2015 Signature 2. William	
(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)	
appointed inductory by that inductory)	
Steven L. Williams	
(Typed or printed name of person signing)	
President	

(Title of person signing)

.