

744732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

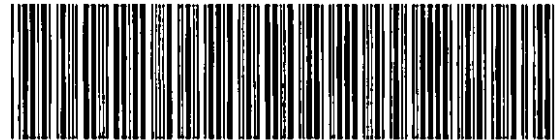
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APR 11 2019

19 APR 11 2019
09:00 AM - 04:00 PM
FILED

Handwritten signature



Pensacola
Care, Inc.

1000 North 30th Street
Pensacola, FL 32501

April 1, 2019

**Pensacola
Developmental Center**
One Villa Drive
Pensacola, FL 32506
350.453.2323
fax: 350.455.4203

**Fort Walton Beach
Developmental Center**
1045 Mar Walt Drive
Fort Walton Beach, FL 32547
350.362.0108
fax: 350.362.7103

**Panama City
Developmental Center**
1407 Lincoln Drive
Panama City, FL 32401
350.759.7636
fax: 350.522.3966

**Tallahassee
Developmental Center**
455 Apolleyard Drive
Tallahassee, FL 32304
350.575.0519
fax: 350.575.5773

**Hillsborough County
Developmental Center**
14219 Bruce B. Downs Blvd
Tampa, FL 33613
813.971.3490
fax: 813.977.3471

**Pensacola
Care, Inc.**
311 N Spring Street
Pensacola, FL 32501
350.476.6202
fax: 350.474.9337

**Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

To whom this may concern,

**Pensacola Care Inc. is submitting a filing for Articles of
Amendment to register a director and update our agents office
address.**

Feel free to contact me with any questions or concerns.

Sincerely,

**Dawn Craven
Regional Controller
Pensacola Care Inc.
311 North Spring Street
Pensacola, FL 32501
(850) 438-4679
(850) 438-1708 (Fax)**

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PENSACOLA CARE, INCORPORATED

DOCUMENT NUMBER: 744732

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

Please return all correspondence concerning this matter to the following:

DAWN CRAVEN
(Name of Contact Person)

QUEST MANAGEMENT GROUP, INC.
(Firm/ Company)

311 N. SPRING STREET
(Address)

PENSACOLA, FL 32501
(City/ State and Zip Code)

DCRAVEN@QUESTMAN1.COM ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAWN CRAVEN at (850) 438-4679 EXT. 207
(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 type="checkbox"/> \$35 Filing Fee | <input checked="" 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

PENSACOLA CARE, INCORPORATED

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

744732

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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

N/A The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

4300 BAYOU BLVD, SUITE 30
(Florida street address)

New Registered Office Address:

PENSACOLA
(City)

Florida 32503
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered Agent, if changing

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: 3/5/19, if other than the date this document was signed.

Effective date if applicable: 3/5/19
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 3/27/19
Signature [Handwritten Signature]
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

W. R. ARMSTRONG
(Typed or printed name of person signing)

DIRECTOR, SECRETARY, TREASURER
(Title of person signing)