

N 00 000003271

(Requestor's Name)

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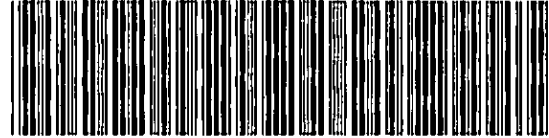
(Business Entity Name)

(Document Number)

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OFFICE OF THE
CLERK OF THE
SOLICITOR GENERAL
TALLAHASSEE, FLORIDA

JAC

COVER LETTER

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

SUBJECT: Pediatric Alternative Treatment Care Housing and Evaluation Services, Inc.
CORPORATE NAME

Enclosed are an original and one (1) copy of the restated articles of incorporation and a check for:

☒ \$35.00
Filing Fee

☐ \$43.75
Filing Fee
& Certificate of Status

☐ \$43.75
Filing Fee
& Certified Copy

☐ \$52.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Steven Sapp
Name (Printed or typed)
335 S Krome Ave Suite 106
Address
Florida City, FL 33034
City, State & Zip
305-310-8043
Daytime Telephone number
sapp.steve@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the document.

In compliance with Chapter 617, F.S. (Not for Profit)

The name of the corporation is: _____

The text of the Restated Articles is as follows: _____

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ARTICLE III OFFICERS AND/OR DIRECTORS (optional)

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 Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u> <u>X</u> Add ____ Remove	<u>VD</u>	<u>Fabiola Dominguez</u>	<u>335 S Krome Ave Suite 106</u> <u>Florida City, FL 33034</u>
2) <u>Change</u> ____ Add <u>X</u> Remove	<u>VD</u>	<u>Joan Ippolito</u>	<u>1731 NW 105 Ave</u> <u>Pembroke Pines, FL 33026</u>
3) <u>Change</u> ____ Add ____ Remove	_____	_____	_____
4) <u>Change</u> ____ Add ____ Remove	_____	_____	_____
5) <u>Change</u> ____ Add ____ Remove	_____	_____	_____
6) <u>Change</u> ____ Add ____ Remove	_____	_____	_____

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 TALLAHASSEE, FLORIDA

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: _____

Address: _____

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

Date

ARTICLE VI ARTICLE CONSOLIDATION

These adopted restated articles of incorporation supersede the original articles of incorporation and all amendments to them.

ARTICLE VII REQUIRED ADOPTION INFORMATION

Adoption of Amendment(s) (CHECK ONE)

☐ These restated articles of incorporation contain an amendment to the articles of incorporation which required member approval. The date of adoption of the amendments was _____, and the votes cast were sufficient for approval

☒ These restated articles of incorporation were adopted by the board of directors.

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

5-1-2022

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after the filing.)

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.

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Dated: 5-11-22

Signature: _____

Steven Sapp

(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)

Steven Sapp

(Typed or printed name of person signing)

Treasurer, Director

(Title of person signing)

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