

N060000006091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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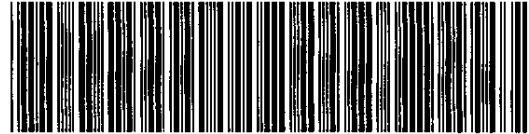
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Am 9/20/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MIRACLE HEALTH CENTER, INC

DOCUMENT NUMBER: N06000006091

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

Please return all correspondence concerning this matter to the following:

KENNETH SHOBOLA

(Name of Contact Person)

(Firm/ Company)

8001 N. DALE MABRY HWY BLDG 701

(Address)

TAMPA/ FLORIDA 33614

(City/ State and Zip Code)

ANA@KENNEDEEGLOBAL.COM

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

For further information concerning this matter, please call:

INGRID PEREZ

(Name of Contact Person)

at (813) 484-9185

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 SEP 20 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 13, 2010

KENNETH SHOBOLA
8001 N. DALE MABRY HWY
BLDG 701
TAMPA, FL 33614

SUBJECT: MIRACLE HEALTH CENTER, INC.
Ref. Number: N06000006091

We have received your document for MIRACLE HEALTH CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 710A00021696

Articles of Amendment
to
Articles of Incorporation
of

MIRACLE HEALTH CENTER, INC

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

N06000006091

(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:

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)

6001 SILVER STAR ROAD

SUITE 1

ORLANDO, FL 32808

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

P O BOX 15779

TAMPA, FL 33684

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:

KENNETH O SHOBOLA

New Registered Office Address:

8001 N DALE MABRY HWY BLDG

(Florida street address)

TAMPA

(City)

Florida 33614

(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.


Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

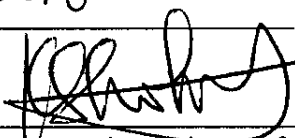
The date of each amendment(s) adoption: September 1, 2010

Effective date if applicable: September 1, 2010
(date of adoption is required)
(no more than 90 days after amendment file date)

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 9/1/2010

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)

Kenneth Shobola
(Typed or printed name of person signing)

President/owner
(Title of person signing)