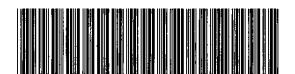
## N09000000803

(Re	questor's Name)			
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PICK-UP	, WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2014

Christian Kaelin, CFO BocaCare, Inc. 800 Meadows Road Boca Raton, FL 33486

SUBJECT: BOCACARE, INC. Ref. Number: N09000000803

We have received your document for BOCACARE, 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):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 314A00024525



## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BOCACA	RE, INC.	
DOCUMENT NUMBER: N0900000	803	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Christian Kaelin, CFO		
	(Name of Contact Person	)
BOCACARE, INC.		
	(Firm/ Company)	
800 Meadows Road		
	(Address)	
Boca Raton, FL 33486		
	(City/ State and Zip Code	e)
ckaelin@brrh.con		
E-mail address: (to be used For further information concerning this matter, please	•	ootification)
Christian Kaelin		955-5872
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$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 ment Section n of Corporations Building xecutive Center Circle assec, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED 2014 DEC 15 PM 2:31

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 c	corporation:	The new
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.	"corporation" or "incorporated"	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u> )	
D. If amending the registered agent and/or registered new registered agent and/or the new registered  Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		he obligations of the position.
Signatur	e of New Registered Agent, if cha	nging

Page 1 of 4

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 X. Remove X. Add	PT John De V Mike Jo SV Sally S:	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	Frantz Python	800 Meadows Road
X Remove			Boca Raton, FL 33486
2) Change	<u>P</u>	Amy Cole	800 Meadows Road
X Add			Boca Raton, FL 33486
Remove			
3) Change			
Add			
4) Change			
Add			
5) Change		<del></del>	
Add			
Remove			
6) Change			
Add			
Remove			

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The date of each amendment(s) adoption:			
Effective date if applicable:		October 30, 2014	
		(no more than 90 days after amendment file date)	_
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.	
	Dated 10	2-8-14	
	Signature	my tedele	_
	have n	charman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Jerry F		
	<del></del>	(Typed or printed name of person signing)	
	Directo	r	
		(Title of person signing)	