

N1000000638Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

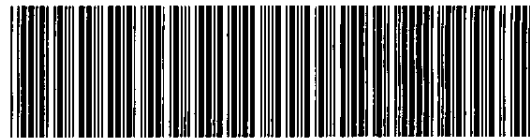
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FILED
2010 DEC 10 A 10:29
SECRETARY OF STATE
TALLAHASSEE, FL 32310-1010

Amend
News
12-10-10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Family Extended Care of Punta Gorda, Inc.

DOCUMENT NUMBER: N10000006382

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

Please return all correspondence concerning this matter to the following:

Maria Gonzlez

Name of Contact Person

Family Extended Care of Punta Gorda, Inc.

Firm/ Company

2700 W. 81 Street

Address

Hialeah, FL 33016

City/ State and Zip Code

maria.gonzalez@familyextendedcare.org

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

For further information concerning this matter, please call:

Maria Gonzalez

Name of Contact Person

at (305) 728-1536

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

November 30, 2010

MARIA GONZALEZ
FAMILY EXTENDED CARE OF PUNTA GORDA, INC
2700 W. 81 STREET
HIALEAH, FL 33016

SUBJECT: FAMILY EXTENDED CARE OF PUNTA GORDA, INC.
Ref. Number: N10000006382

We have received your document for FAMILY EXTENDED CARE OF PUNTA GORDA, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 210A00027794

RECEIVED

10 DEC 10 PM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

57- ATTACHED

Articles of Amendment
to
Articles of Incorporation
of

FAMILY EXTENDED CARE OF PUNTA GORDA, INC.

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

N10000006382

(Document Number of Corporation (if known))

FILED
2010 DEC 10 A 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Secretary</u>	<u>Mary Parrett</u>	<u>4450 8th Street</u> <u>Sarasota, FL 34232</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Treasurer</u>	<u>Mary Parrett</u>	<u>4450 8th Street</u> <u>Sarasota, FL 34232</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u> <u></u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

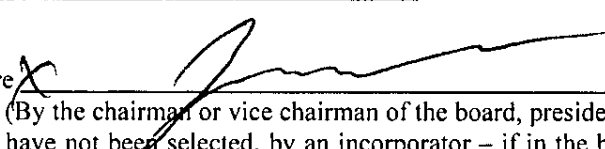
The date of each amendment(s) adoption: Oct. 12, 2010
(date of adoption is required)

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 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 12/7/10

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)

Joseph A. Aniello

(Typed or printed name of person signing)

President and CEO

(Title of person signing)