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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Phoenix Group Rehabilitation, Inc NAME OF CORPORATION:						
N15000006850 DOCUMENT NUMBER:						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Justin Stern						
(Name of Contact Person)						
(Firm/ Company)						
49 North Federal Highway #321						
(Address)						
Pompano Beach, FL 33062						
(City/ State and Zip Code)						
jms37@ymail.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Justin Stern (954) 621-5971						
(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:						
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  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

Phoenix Group Rehabilitation, Inc		
(Name of Corporation	as currently filed with the Florida Dept. of State)	
N15000006850		
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this Florida Not For Profit Corporation add	pts the following
A. If amending name, enter the new name of the	corporation:	
n/a		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporation" or "incorporated" or the abbreviation "C 2.	Corp." or "Inc."
3. Enter new principal office address, if applical	n/a ble:	
Principal office address <u>MUST BE A STREET AI</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	B <i>OX</i> ) n/a	
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered.</li> </ol>	tered office address in Florida, enter the name of the	
new registered agent and/or the new registere	n/a	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florida	•
	(City) (Zip Co	de)
New Besintaned Amentle Cimetons of showing D	lanistana di Amanda	
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent	t. I am familiar with and accept the obligations of the po	sition.
_	nla	
_	Signature of New Registered Agent, if changing	后 3
	Page 1 of 4	
	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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u> 1/9</u>	n/a	n/a
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

## E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Upon the dissolutions of the organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

December 01, 2015	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
December 01, 2015 Effective date if applicable:	
(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 document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	nent(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/a adopted by the board of directors.	were
Dated × 12-3-2015 Signature ×	
(By the chairman or vice chairman of the board, president or other officer-if dire have not been selected, by an incorporator – if in the hands of a receiver, trusted other court appointed fiduciary by that fiduciary)	
Justin Stern	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	<del></del>