

17000001551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

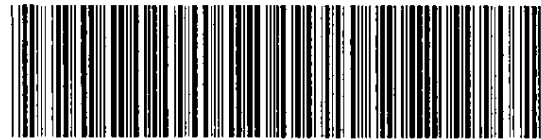
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



700296039857

03/02/17--01010 -000 **35.00

FILED
2017 MAR 28 P 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 05 2017

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **CITE DE LA SANTE INC**

Name of Corporation

DOCUMENT NUMBER: N17000001551

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SABINE SILIEN CHARLES

Name of Contact Person

CITE DE LA SANTE

Firm/Company

100 SW 91ST AVE APT 203

Address

PLANTATION, FL, 33324

City/State and Zip Code

SABIECH@CDSANTE.RD

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

For further information concerning this matter, please call:

SABINE SILIEN CHARLES

Name of Contact Person

at (**954**) **253-8348**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

March 6, 2017

SABINE SILIEN CHARLES
100 SW 91 SVE APT 203
PLANTATION, FL 33324

SUBJECT: CITE DE LA SANTE INC
Ref. Number: N17000001551

We have received your document for CITE DE LA SANTE 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):

This form is to change the registered agent not the officers/directors. You will have to file Articles of Amendment.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 717A00004241

Articles of Amendment
to
Articles of Incorporation
of

FILED

CITE DE LA SANTE INC

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

N17000001551

(Document Number of Corporation (if known)

2017 MAR 28 P 3: 54

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:

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**)*

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

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:

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

(Attach additional sheets, if necessary).

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.

Example:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Title

Name

Address

PT

SABINE SILIEN CHARLES

100 SW 91st AVE APT 203

X Add

PLANTATION FL, 33324

_____ Remove

2) _____ Change

V

EVANS SILIEN

100 SW 91ST AVE APT 203

X Add

PLANTATION FL 33324

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)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 date will not be listed as the document's effective date on the Department of State's records.

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 03/14/2017 _____

Signature Charles
(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)

SABINE SILIEN CHARLES

(Typed or printed name of person signing)

(Title of person signing)