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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 25, 2024

GUYALAIN ISMA  
6700 PINES BLVD  
PEMBROKE PINES, FL 33024

SUBJECT: FOUNTAIN OF LIFE ELDER CARE SERVICES, INC  
Ref. Number: N24000006623

We have received your document for FOUNTAIN OF LIFE ELDER CARE SERVICES, INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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) 245-6000.

Rebekah Lefeavers  
Regulatory Specialist III

Letter Number: 424A00016393

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FOUNTAIN OF LIFE ELDER CARE SERVICES, INC

**DOCUMENT NUMBER:** N24000006623

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

Please return all correspondence concerning this matter to the following:

GUYALAIN ISMA

(Name of Contact Person)

FOUNTAIN OF LIFE ELDERCARE SERVICES, INC / DBA FOLECS

(Firm/ Company)

6700 PINES BLVD

(Address)

PEMBROKE PINES , FL 33024

(City/ State and Zip Code)

guyalainisma509@gmail.com

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

For further information concerning this matter, please call:

GUYALAIN ISMA

305

390-7166

at

(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:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|---|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee

Articles of Amendment  
to  
Articles of Incorporation  
of

FOUNTAIN OF LIFE ELDER CARE SERVICES, INC

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

N24000006623

(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:**

FOUNTAIN OF LIFE ELDERCARE SERVICES, INC

*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**)

6700 PINES BLVD

PEMBROKE PINES

FL 33024

**C. Enter new mailing address, if applicable:**

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

SAME AS ABOVE

**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*

2024 OCT 10 11:30:24  
F11071

**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:

<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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>    </u> Change <u>    </u> Add	<u>D</u>	<u>ROSELINE DELICE</u>	<u>7813 SHALIMAR STREET</u> <u>FL 33023</u>
<u>x</u> Remove			
2) <u>    </u> Change <u>x</u> Add	<u>D</u>	<u>FRITZNEL ACCIME</u>	<u>47 SLAYTON WAY</u> <u>ROXBURY, MA 02119</u>
<u>    </u> Remove			
3) <u>x</u> Change <u>    </u> Add <u>    </u> Remove	<u>T</u>	<u>JACKIE DEZARD</u>	<u>4919 PINES BLVD</u> <u>WEST PALM BEACH</u> <u>FL 33417</u>
4) <u>x</u> Change <u>    </u> Add <u>    </u> Remove	<u>S</u>	<u>ROSENIE AUGUSTE</u>	<u>33 PRESS AVE</u> <u>NORWOOD, MA 02062</u>
5) <u>    </u> Change <u>    </u> Add <u>    </u> Remove	<u>    </u>	<u>    </u>	<u>    </u> <u>    </u> <u>    </u>
6) <u>    </u> Change <u>    </u> Add <u>    </u> Remove	<u>    </u>	<u>    </u>	<u>    </u> <u>    </u> <u>    </u>

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

PLEASE DO ADD THE EIN # 99-3488381

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The date of each amendment(s) adoption: 07/07/2024, if other than the date this document was signed.

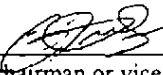
Effective date if applicable: 07/08/2024  
*(no more than 90 days after amendment file date)*

**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)**

- ☒ 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 07/07/2024

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)

GUYALAIN ISMA

(Typed or printed name of person signing)

PRESIDENT & CHIEF EXECUTIVE OFFICER

(Title of person signing)