

P00000019385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

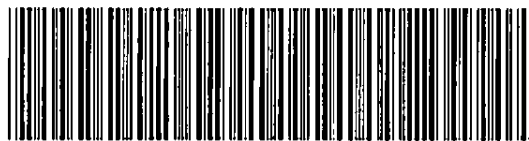
(Business Entity Name)

(Document Number)

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08/05/24--01005--007 **35.00

A. HUNT
08/05/24

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

KIN-CARE SERVICES, INC.

The Articles of Incorporation for this Florida Profit Corporation were filed on February 21, 2000 and assigned Florida document number P00000019385.

This amendment is submitted to amend the following:

A. If amending Name, enter the new name of the Limited Liability Company:

Enter new Principle Address, if applicable:

Enter new Mailing Address, if applicable:

B. If amending the Registered Agent Name and/or Registered Office Address on our records:

New Registered Agent Name:

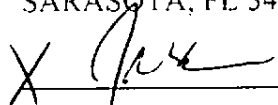
JOHN R. KINSER

New Registered Agent Address:

8051 N. TAMiami TRAIL, STE. C1

SARASOTA, FL 34243

New Registered Agent's Signature:

X  _____

I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to proper and complete performance of my duties and I am familiar with accept the obligations of my position as Registered Agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the Limited Liability Company has been notified in writing of this change.

C. If amending Authorized Person(s):


MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Change
VP	GARY L. KINSER	10297 HALLENDALE DR.	<input type="checkbox"/> Add
		PORT CHARLOTTE, FL 33981	<input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, please indicate change(s):

E. Effective date if other than the date of filing (optional) ____ day of ____ of 20__

X 

(Signature of a Manager/Authorized Member)

(Date)

JOHN R. KINSER

(Printed Name of Manager/Authorized Member)