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TALLAHASSEE, FLORIDA

C. GOLDEN

JUL -3 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COLONIAL DRIVE SENIOR RESIDENCE CARE INC

DOCUMENT NUMBER: P00000062561

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

Please return all correspondence concerning this matter to the following:

MARISA DOMINGUEZ

Name of Contact Person

COLONIAL DRIVE SENIOR RESIDENCE CARE INC

Firm/ Company

10220 SW 164 STREET

Address

MIAMI, FL 33157

City/ State and Zip Code

PAULINITA35@YAHOO.COM

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

For further information concerning this matter, please call:

MARISA DOMINGUEZ

Name of Contact Person

at (786)

478-8888

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

FILED

2017 JUN 23 PM 2: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
to
ARTICLES OF INCORPORATION
of
COLONIAL DRIVE SENIOR RESIDENCE CARE, INC.

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

P00000062561

Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida For Profit Corporation* adopts the following amendments to its Articles of Incorporation:

A. REGISTERED AGENT:

The name and the Florida street address of the registered agent are:

MARISA DOMINGUEZ
COLONIAL DRIVE SENIOR RESIDENCE CARE, INC.
10220 SW 164th Street
Miami, FL 33157

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature

B. OFFICERS AND DIRECTORS OF THE CORPORATION:

<u>Type of Action</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
<input type="checkbox"/> Change <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Add	PD	MARISA DOMINGUEZ	10220 SW 164 th Street Miami, FL 33157
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Add	ST	ODALYS GOVEA	10220 SW 164 th Street Miami, FL 33157

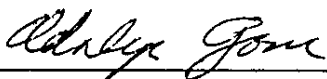
The date of each amendment(s) adoption: JUNE 13, 2017

Effective date: SEPTEMBER 01, 2017

Adoption of Amendment

- The amendments were adopted by the shareholders. The number of votes cast for the amendments were sufficient for approval.

Dated JUNE 13, 2017

Signature 
Printed Name: ODALYS GOVEA
Title: Secretary and Treasurer