

PO 2000043865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUN 23 PM 2:01

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Rosaire's Quality Care, Inc

DOCUMENT NUMBER: P02000043865

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

Please return all correspondence concerning this matter to the following:

Rosaire C Olivier

Name of Contact Person

Rosaire's Quality Care, Inc

Firm/ Company

128 NE 184th terrace

Address

Miami Gardens, FL. 33179

City/ State and Zip Code

rosaireroro@aol.com and aglyauagee@aol.com

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

For further information concerning this matter, please call:

Rosaire C Olivier

Name of Contact Person

at (786)

286.7510

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2011

ROSAIRE C. OLIVIER
ROSAIRES QUALITY CARE, INC.
128 NE 184 TERRACE
MIAMI GARDENS, FL 33179

SUBJECT: ROSAIRE'S QUALITY CARE INC.
Ref. Number: P02000043865

We have received your document for ROSAIRE'S QUALITY CARE INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 411A00014645

RECEIVED

11 JUN 23 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Rosaire's Quality Care, Inc

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

P02000043865

(Document Number of Corporation (if known))

FILED
2017 JUN 23 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

540 NW 165th Street Road

Suite 305-A

North Miami Beach, FL. 33169

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

128 NE 184th terrace

Miami Gardens, FL. 33179

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:

Rosaire C Olivier

New Registered Office Address:

128 NE 184th terrace

(Florida street address)

Miami Gardens, FL. 33179, Florida 33179

(City)



(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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Presid</u>	<u>Rosaire C Olivier</u> 	<u>128 NE 184th terrace</u> <u>Miami Gardens, FL 33179</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>V-Pres</u>	<u>Aglyau Olivier</u> 	<u>128 NE 184th terrace</u> <u>Miami Gardens, FL 33179</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

To work with individuals with Developmental Disabilities, disadvantage children and

teenagers through education, life skills, to promote health and life skills, training to

become independence, growth, nutriton, through education, explore, experience, and

choices through life.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

50%-Rosaire C Olivier- President 

50%-Aglyau Olivier- Vice- President 

The date of each amendment(s) adoption: May 01, 2011

Effective date if applicable: May 01, 2011 *(date of adoption is required)*
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*


"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 6/18/2011

Signature 
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ROSAIRE C. Olivier
(Typed or printed name of person signing)

President
(Title of person signing)