P04000015200

(Requestor's Name)	_
(Address)	_
(Address)	
,	
(City/State/Zip/Phone #)	
(City/State/Zip/Pfloffe #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	ı
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 1, 2011

PEDRO ESTALLELLA, JR, CTP ESTALELLA & ASSOCIATES, INC. P O BOX 440278 MIAMI, FL 33144-0278

SUBJECT: GENTLE CARE P.T. CORP.

Ref. Number: P04000015200

We have received your document for GENTLE CARE P.T. CORP. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check only one box under the adoption 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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 611A00017991



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SECRETARY OF STATE

(305) 261-9292

(305) 261-9300

PEDRO ESTALELLA, JR., CTP, CPTx, LUTC CERTIFIED TAX PROFESSIONAL CERTIFIED PRACTITIONER OF TAXATION

ESTALELLA & ASSOCIATES, INC., 7481 SW B STREET, HIAMI, FL 33144

+ INCOME TAX + ACCOUNTING + INSURANCE + TRANSLATIONS + NOTARY PUBLIC +

08/09/2011

Ms. Tina Roberts, Regulatory Specialist II Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Gentle Care PT Corp. Florida Corp. Charter #P04000015200 FEIN 20-0648819

Dear Sir:

Pursuant to your letter of August 1, 2011, enclosed please find the corrected Articles of Amendment to the Articles of Incorporation, of Gentle Care PT Corp., in triplicate. I also enclose copy of the aforementioned letter, which acknowledges receipt of our check, to cover the applicable fees.

Please return two sets of the filed document and the Certificate of Status to our office mailing address:

PEDRO ESTALELLA, JR., CTP, CPTx, LUTC ESTALELLA & ASSOCIATES, INC. P.O. BOX 440278 MIAMI, FL 33144-0278

I'd appreciate that you call me to acknowledge receipt and processing of the above. Thank you in advance for your attention to this matter.

Sincerely

Pedro Estalella, Jr., CTP, CPTx, LUTC Certified Tax Professional

Certified Practitioner of Taxation

/ebe

enclosures: 3 sets, check, and copy of letter

cc: 2821-SER Rec. 11486

COVER LETTER

TO: Amendment Section
Division of Corporations

Submitted i NAME OF COR	n triplicate, pleas	GENTLE CARE F. L. COR	ts to us.
DOCUMENT NU	JMBER:	P04000015200	
The enclosed Artic	cles of Amendment and fee are	submitted for filing.	
Please return all co	orrespondence concerning this	matter to the following:	
		ella, Jr., CTP, CPTx, LUTC	·
	Nai	me of Contact Person	
	Estalel	la & Associates, Inc.	
		Firm/ Company	
	P.	O. Box 440278	
		Address	
	Mian	ni, FL 33144-0278	
		// State and Zip Code	
		alnc@aol.com	
	E-mail address: (to be used	for future annual report notification)	
For further inform	ation concerning this matter, p	lease call:	
Pedro Estale	ella, Jr., CTP, CPTx, LUTC	&	-9292
Name	of Contact Person	Area Code & Daytime Telepl	hone Number
Enclosed is a chec	k for the following amount ma	de payable to the Florida Departm	ent of State:
□\$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	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	·

Articles of Amendment

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Articles of Incorporation

of

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GENTLE CARE P.T. CORP.

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

P04000015200

(Document Number of Corporation (if known)

		_ _	The ne
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "(Corp," "Inc," or	pany," or "incorporated" or the "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		16371 SW 5	3 Ter.
		MIAMLEL 33	3185
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		P.O. Box 440	0278
	,	Miami. FL 33	144-0278
D. If amending the registered agent and/onew registered agent and/or the new r			ida, enter the name of the
Name of New Registered Agent:	JAVIER OTH	ION	·
	16371 SW 5	3 Ter.	
New Registered Office Address:	(Flor	ida street address	
	MIAMI		, Florida <u>33185</u>
	(City)		(Zip Code)
New Registered Agent's Signature, if char	nging Registered A	Agent:	
	dagent I am fam	iliar with and acc	ent the obligations of the position
hereby accept the appointment as registere	a ageni. Tam jam		openie and dance of the basiness

Page 1 of 3

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>	Address	Type of Action
PSTD	DOUGLAS RIESCO	13601 SW 78 ST MIAMI FL 33183	Add Remove
PSTD	JAVIER OTHON	16371 SW 53 Ter. MIAMI FL 33185	
			
(and it a	dditional sheets, if necessary). (Be sp		
provisio	nendment provides for an exchange, post for implementing the amendment of applicable, indicate N/A)		
DOUGLAS	S RIESCO assigned his entire int	erest in all shares of stock	of GENTLE
CARE P.T	. CORP., which he may have ac	quired by purchase, or by	virtue of being
it's Incorpo	orator, to JAVIER OTHON, withou	ut receipt of payment or ot	her compensation.
4'd '			

The date of each amendmen	t(s) adoption: 0	7/22/201,1 ,
Effective date <u>if applicable</u> :	07/22/2011	(date of adoption is required)
	(no more than	90 days after amendment file date)
Adoption of Amendment(s)	(<u>C</u> I	HECK ONE)
✓ The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.
		he shareholders through voting groups. The following statemer g group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amer	ndment(s) was/were sufficient for approval
by		"
•	(voting group)	
action was not required. The amendment(s) was/we action was not required.	ere adopted by the	e incorporators without shareholder action and shareholder
Dated_7/22	2/2011	
Signature		
(By sel	a director, presidented, by an incor	dent or other officer – if directors or officers have not been reporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		JAVIER OTHON
	(Ту	ped or printed name of person signing)
		PSTD
	(Title c	of person signing)