

P04000078404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

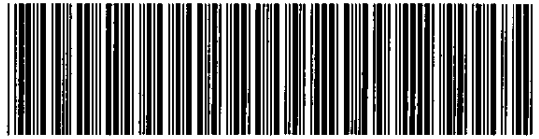
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TALLAHASSEE, FLORIDA

NC
Heads
6-10-08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Coastal Services Care, Inc.

DOCUMENT NUMBER: P04000078404

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

Please return all correspondence concerning this matter to the following:

Sherry Jones

(Name of Contact Person)

Coastal Services Care, Inc.

(Firm/ Company)

401 E. Las Olas Blvd., Ste 130-355

(Address)

Ft Lauderdale, FL 33301

(City/ State and Zip Code)

For further information concerning this matter, please call:

Sherry Jones

(Name of Contact Person)

at (954) 288-7820

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

May 1, 2008

SHERRY JONES
COASTAL SERVICES CARE INC.
401 E. LAS OLAS BLVD., SUITE 130-355
FORT LAUDERDALE, FL 33301

SUBJECT: COASTAL SERVICES CARE INC.
Ref. Number: P04000078404

We have received your document for COASTAL SERVICES CARE INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L01000006442.

The date of adoption of each amendment must be included in the document.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 108A00027596

RECEIVED
2008 JUN -9 AM 8:00
DIVISION OF STATE
TALLAHASSEE, FLORIDA

FILED

2008 JUN -9 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(Document number of corporation (if known))

NEW CORPORATE NAME (if changing):

Atlantic Coastal Services, Inc.

(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

[illegible]

(continued)

The date of each amendment(s) adoption: May 1, 2008

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved 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.

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)

Sherry Jones

(Typed or printed name of person signing)

Director

(Title of person signing)

FILING FEE: \$35