Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000426048 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ENGLANDER FISHER Account Number : I20210000198 Phone : (727)898-7210 Fax Number : (727)898-7210

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dturner@eflegal.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN PASADENA CAR CARE CENTER, INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

To:

Fax: (850) 617-6380

Page: 3 of 7

12/19/2022 3:46 PM

H220004260483

COVERAGITER

		COVERTEITER		
TO: Amendment S Division of Co				
NAME OF CORP	ORATION: PASADENA CAR	CARE CENTER, INC		
	MBER:P04000133122			
The enclosed Articl	les of Amendment and fee are su	bmitted for filing.		
Please return all cor	rrespondence concerning this ma	tter to the following:		
	John W. Waechter			
		Name of Contact Person	n	
	Englander Fischer			
		Firm/ Company		
	721 Ist Avenue N	• •		
		Address		
	St Petersburg, FL 33701			
		City/ State and Zip Cod	c	
	dturner@eflegal.com			
		sed for future annual report	notification)	
For further information	tion concerning this matter, pleas	se call:		
John W. Waechter		at (898-7210	20
Nam	ne of Contact Person	Area Co) 898-7210 de & Daytime Telephone Number	2022 DEC
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	9 NI 8: 45
	lailing Address		Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Fax: 17278987210

H220004260483

Articles of Amendment to Articles of Incorporation of

PASADENA CAR CARE CENTER, INC.

the filed with the Florida Da

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment Articles of Incorporation: The new manuse of Incorporation: The new name must be distinguishable and comain 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 MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 address: Name of New Registered Agent (Florida street address) (City) (City) (Zip Code: Signature, if changing Registered Agent; Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.		P0400013312	2			
A. If amending name, enter the new name of the corporation: The new name must be distinguishable and comain 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) C. Enter new mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) (Florida street address) New Registered Office Address (City) Florida (City) 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.	(Docun	nent Number of Co	rporation (if known)			
The new name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 City Ci		a Statutes, this <i>Flor</i>	ida Profit Corporation a	idopts the foll	owing amendi	nent(s
name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." or the abservation "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) C. Enter new mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) (Florida street address) New Registered Office Address (City) (City) (Zip Codd): (Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	A. If amending name, enter the new name of the co	orporation:				
name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "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) C. Enter new mailing address MUST BE A STREET ADDRESS) 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 (Florida street address) New Registered Office Address (City) Florida (City) See 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.					The n	eur
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address (City) Florida (Zip Codd?: New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.	"Inc.," or Co.," or the designation "Corp." "Inc.	" or "Co". A pr	nany," or "incorporated ofessional corporation	" or the abbre name must c	viation "Corp.	٠,
(City) New Registered Agent's Signature, if changing Registered Agent: New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.						-
(City) New Registered Office Address: City City Color		_				-
Name of New Registered Agent [Florida street address] New Registered Office Address: [City] [City] New Registered Agent's Signature, if changing Registered Agent: [Changing Registered Agent: I am familiar with and accept the obligations of the position.		<u>)X</u>) _				-
Name of New Registered Agent [Florida street address] [Florida street address] [New Registered Office Address] [City] [City] [City] [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.			n Florida, enter the na	me of the		-
(Florida street address) New Registered Office Address: (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.	new registered agent and/or the new registered	office address:				
(Florida street address) New Registered Office Address (City) (Zip Code): Sew Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	Name of New Registered Agent] ZūZ	
New Registered Office Address: (City) (Zip Code): (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.						
New Registered Office Address: (City) (Zip Code): (Zip Code): (Sip Code): (New Registered Agent's Signature, if changing Registered Agent: (Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		(Florida street a	(dress)		— ;5	•
Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		•			19	
Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Registered Office Address:	(Cin	1	Florida	Øin Code™	و ي و ر
Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		(enç	,		~ ~	,
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Registered Agent's Signature, if changing Reg	istered Agent:			3: 45	
	hereby accept the appointment as registered agent.	I am familiar with	and accept the obligation	ns of the posit	ion.	
Signature of New Registered Agent, if changing	Signa	ature of New Regist	ered Agent, if changing			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

H220004260483

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John D	<u>oe</u>		
X Remove	<u>V</u>	Mike J	ones		
X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	Title		Name	<u>Addres</u> s	
1) Change		_			
Add					
Remove					
2) Change		_			
Add					
Remove 3) Change					
Add					
Remove					
4) Change				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Add				2022/DECLI9	
Remove				<u>.</u>	
5) Change		_		9	
Add					- T-
Remove					
6) Change					
Add					
Remove					

From: Diedje Turner .	Fax: 17278987210	To:	Fax: (850) 617-6380

Page: 6 of 7 12/19/2022 3:46 PM

H220004260483

icle IV is amended to state: The number of shares the corporation is authorized to is	sue is: 1,000
The state of the s	
	
that the same and	
	 -
If an amendment provides for an exchange, reclassification, or cancellation of it	count charge
provisions for implementing the amendment if not contained in the amendmen	it itself:
(if not applicable, indicate N/A)	
	2
	73
	2022 [JEC
	Û
	9
	## £ 4.5
	<u> </u>
	.

H220004260483

The date of each amendment(s) adoption:	, if otl	ner than	the
Effective date if applicable:			
(no more than 90 days after amendment file date)			
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill not be I	isted as	the
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action ar action was not required.	d sharehol	der	
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)			
December 16, 2022 Dated			
Signature alle M anyoles			
(By a director, president or biheriofficer – 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)			
Eilen M. Gogolen			
(Typed or printed name of person signing)			
President		~ 3	
(Title of person signing)		1022 DE	
		51.0	
	:.) A	- ئ ن
	• • •	~	; -=