## P050000 20133

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JIVISION OF CORPCEATIONS

C.Lewis 14

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Sebastian Properties Inc DOCUMENT NUMBER: P05000020133 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Bennet Sebastian Name of Contact Person Sebastian Properties Inc. Firm/ Company 3309 Bellington Dr Address Orlando, FL 32835 City/ State and Zip Code bsebastian@cfl.rr.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Bennet Sebastian** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

**Mailing Address** 

TO: Amendment Section

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** to Articles of Incorporation



Sebastian Properties, In	C.
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14 SEP 12 PM 4: 02 (Name of Corporation as currently filed with the Florida Dept. of State) P05000020133 (Document Number of Corporation (if known) 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: Sebastian Healthcare Realty, INC. 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) 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: \_, Florida\_ (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 antending 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.  Example:							
	X Change	<u>PT</u>	John Do	<u>e</u>				
	X Remove	<u>v</u>	Mike Jo	nes				
	X Add	<u>sv</u>	Sally Sn	<u>nith</u>				
	Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address		
	Change  Add  Remove		_					
	2) Change Add		_		<del>.</del>			
	Remove  Change  Add  Remove		_					
	4) Change Add Remove		_					
	5) Change Add Remove		_					
	6) Change		_	<u></u>				

\_ Remove

	al sheets, if necessary	y). (Be specific)			
	<b></b>				
		<b>2</b> . <b>2</b> .			
			<del></del>		
provisions for	nt provides for an e implementing the a licable, indicate N/A	mendment if not	fication, or cance contained in the	ellation of issued s amendment itself	hares,
	-				4 11 1000

The date of each amendment(s) adoptio	n: ក្រុះស្រ	, if other than the
date this document was signed.	DIVISION OF SPAPE	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date) H 4: 02	<u> </u>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficier	by the shareholders. The number of votes cast for the amendment(s) at for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopted baction was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted baction was not required.	by the incorporators without shareholder action and shareholder	
Dated 9/9/14		
Signature Sw	Shut	
	r, president or other officer – if directors or officers have not been	
	in incorporator – if in the hands of a receiver, trustee, or other court luciary by that fiduciary)	
Ben	net Sebastian	
	(Typed or printed name of person signing)	<del>_</del>
Pres	sident	
*****	(Title of person signing)	<del></del>