## Division of Gorgo rations Florida Department of State

Division of Corporations 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.

(((H120002959893)))



H120002959993ABCC

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 : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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

Email Address:\_\_\_\_\_

RECEIVED

2 DEC 18 PM 8: 04

NESSA BECONPERATION
WILL A HASSE FLORIDA

## COR AMND/RESTATE/CORRECT OR O/D RESIGN ALL-STATE REHAB CENTER INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

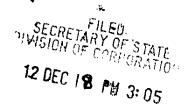
Corporate Filing Menu

DEC 1 8 2012 T. BROWN

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

12/18/2012



## Articles of Amendment to Articles of Incorporation of

<b>ALL-STATE REHAB CENTER</b>	R INC.	r	
(Name of Corporation as current	tly filed with the Florida Der	ot. of State)	-
P05000104211			_
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Fliits Articles of Incorporation:	orida Statutes, this <i>Florida Pr</i>	ofit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new name of th	ne corporation:		
	**************************************	· · · · · · · · · · · · · · · · · · ·	_The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp, " "Inc," or "Co". A pi	any," or "incorporated" or the a rofessional corporation name must:	bbreviation contain the
B. <u>Enter new principal office address, if applic</u> (Principal office address <u>MUST BE A STREET</u> )	able: Address)		
			,
	<u> </u>		•
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE	BOXO		
,			
D. If amending the registered agent and/or registered agent and/or the new register	istered office address in Flor red office address:	ida, enter the name of the	
Name of New Registered Agent			
	(Florida street address)	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	(City)	, Florida	
	(C <i>ny)</i>	(Zip Code)	
New Registered Agent's Signature, if changing l	Rogisterod Agent:		
hereby accept the appointment as registered agen	nt. I am familiar with and acc	rept the obligations of the position.	
. Signature oj	New Registered Agent, if cha	inging	
		· ·	

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, SY as an Add. Example: X Change M John Doe Y Mike Jones X Remove Saliv Smith \_X Add Type of Action <u>Address</u> Title Namo (Check One) **EFRAIN LOPEZ** 4800 W. FLAGLER ST 1) \_\_\_\_ Change **SUITE 214** \_\_\_ Add CORAL GABLES, FL. 33134 Remove 2) \_\_\_\_ Change \_\_\_\_ Add \_ Remove 3 ) \_\_\_\_ Change \_ Add \_ Remove 4) \_\_\_\_ Change Remove 5) \_\_\_\_ Change Add Remove 6) \_\_\_\_\_ Change \_\_ Add

Remove

ch additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
• •	
	·
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
amendment provides for an exc)	hange, reclassification or cancellation of issued shares,
visions for implementing the ame (if not applicable, indicate N/A)	endment is not contained in the amendment itself;
45 ahbumanta mananan saga,	
An area addresses on Houseway except	
Ay	
Ay Syprometry, simplestic series	

The date of each amendment(s) ac	Jopeion: 12-18-12
Riffective date if applicables 12	-18-12
Present transferries	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes casi for the amendment(s) fileient for approval.
	roved by the shareholders through voting groups. The following statement 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	
	(voiling group)
action was not required.	pted by the board of directors without shareholder action and shareholder  pted by the incorporators without shareholder action and shareholder
Dated 12-18-	12
Signature	Lary
selected	rector, president or other officer — if directors or officers have not been l, by an incorporator — if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	ESTRELLA PEREZ
•	(Typed or printed name of person signing)
,	PRESIDENT
•	(Title of person signing)