



Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : AVENTUS LAW GROUP PLLC

Account Number : I20230000152

Phone

: (321)250-3577

Fax Number : (321)250-3985

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

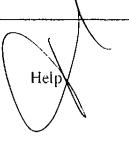
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN MIRAMAR ISLES ASSISTED CARE FACILITY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



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## COVER LETTER

TO:	Amendmen	. Section
	Division of	Comorations

NAME OF C	ORPORA	TION: MIRAMAR ISLES	ASSISTED CARE FAC	CILITY, INC	
		R: P06000147548			
		Amendment and fee are su	bmitted for filing.		
Please return å	ill correspo	ondence concerning this ma	tter to the following:		
t <del>ii,</del> .	-	ERRARD L. GRANT			
		* ***	Name of Contact Pers	son	_
	A	VENTUS LAW GROUP, P	LLC		
	_		Firm/ Company		_
~	10	95 W. MORSE BLVD. SU	ITE 200		
			Address		_
	W	INTER PARK, FLORIDA	32789		_
			City/ State and Zip Co	ode	
	G	TRANT@AVENTUSLAW	GROUP.COM		
		E-mail address: (to be us	ed for future annual repo	nt notification)	:
For further inf	ormation o	oncerning this matter, pleas	se cali:		
GERRARD L.	. GRANT		at ( <sup>321</sup>	250 3577 Code & Daytime Telephone Numb	
	Name of	Contact Person	Area C	Code & Daytime Telephone Numb	oer.
Enclosed is a c	check for the	ne following amount made p	payable to the Florida De	epartment of State:	
S35 Filing	; Fec	□\$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)	
	Ameno Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Ame Divis The 2415	et Address Indiment Section Islandor of Corporations Centre of Tallahassee S.N. Monroe Street, Suite 810 Indianassee, FL 32303	

1.4.

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:

Ta:

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.

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X Add SV Sally Smith  Type of Action (Check One)  1) Change Add Reniove  2) Change Add Remove  3) Change Add Remove  4) Change Add Remove  4) Change Add Remove  5) Change Add Remove  6) Change	
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AUTHORIZED REPRESENTATIVE

(Title of person signing)