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.

(((H20000380692 3)))



H200003806923ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:				. ==.
Division of Co				
Fax Number	: (850)617-6380			
From:				
	: LAZARUS CORPORATE	FILING SERVIC	E, INC.	
	r : I20000000019			
Phone	: (305)552-5973			
Fax Number	: (305)675-5944			,
				(
*Enter the email addre				ı
annual report mail	lings. Enter only one o	email address		
Email Address:			VON	
			<u> </u>	
<u>. </u>	- · · · · · · · · · · · · · · · · · · ·		- 171 - 171 - 171 - 171 - 1	-
COD AMND/D	RESTATE/CORREC	T OR O/D I	TANTO	
			E Company of the com	
	A T AWAY CICKITAD A			
CORA	AL WAY SENIOR C	ARE, INC.	<u> </u>	
CORA Certificate of		ARE, INC.	S	
	of Status		05	
Certificate of	of Status oppy	0	05	
Certificate of Certified Correction Page Count	of Status Opy	0		
Certificate of Certified Co	of Status Opy	0 0 02		

Electronic Filing Menu

Corporate Filing Menu

D COMNELL

Help

Articles of Amendment

to
Articles of Incorporation
of

COPAL	WAY	SENIOR	CARE,				
Florida Document Num	1 1 1 1 1 1	700003	32554	<u> </u>			
Pursuant to the provision following amendment(s	y to impair.	on 607.1006, Flacicles of Incorpor	ration:			oration V	adopts the
					A HASS	2020 NOV -2	77
					FLORIDA	P > 05	TT O
These articles of amendm	ent were ad	opted on	2/20	·		•	
The corporation has only votes cast for amendment	one group o was sufficie	f voting stock. Then for approval.	Signature VILCA Inted Name and Title	was approved by	the shareho	iders an	d the number of
New Registered Agent's S I hereby accept the appointm	Signature, if nent as regist	ered agent. I am fa	ered Agent: miliar with and a		ns of the pos	itton.	