## P08000044068

(F	Requestor's Name)		
(Address)			
(A	Address)		
(0	City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(E	Business Entity Name)		
(É	Document Number)		
Certified Copies	Certificates of Status		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Anchor Medical Conter corp  BOOLUMENT NUMBER: POS 0000 44068
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Madelyn Em Sus- Name of Contact Person  Archor Medical Centre Corp  Firm/ Company  17781 SW Street Sto H  Address  City/ State and Zip Code  City/ State and Zip Code  Character 1 @ gnal com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hadely Green at 305 2293990  Name of Contact Person at 305 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing Address Amendment Section  Street Address Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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	Articles of Am	endment		
	to		94	J.
	Articles of Incor	poration	1/2 Te	
anchor Me	idical of	Center Co	orp. The	
(Name of Corpo	ration as currently	filed with the Florida Dep	ot. of State)	· 03
40800004	4068.			
(Do	ocument Number of C	Corporation (if known)		· か
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:  A. If amending name, enter the new name of the		lorida Profit Corporation a	dopts the following ame	ndment(s) to
	<u></u>			
name must be distinguishable and contain the	<del></del>		The	new
word "chartered," "professional association," or  B. Enter new principal office address, if application (Principal office address) MUST BE A STREET A	able:			 
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	' <u>BOX</u> )			
D. If amending the registered agent and/or reginew registered agent and/or the new registered.		s in Florida, enter the na	me of the	
Name of New Registered Agent	ladelyn	Enrique	۵	
127	181 Sw (Florida street	12nd Street	D STO H	
New Registered Office Address	Illami.	i uuuress) J	Florida 3317	S

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.

(Zip Code)

(City)

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.

Example: X Change	<u>PT John D</u>	<u>Ooe</u>	
X Remove	V Mike J	<u>'ones</u>	
X Add	<u>SV</u> <u>Sally S</u>	<u>Smith</u>	
Type of Action (Check One)  1) Change	Title PT	Rapael S Guelo	Address 12781 SW 42 she
Add Remove  2) Change	PT	Hadelyn Englis	12781 5w 42rd sheet
Add Remove 3) Change Add			Sto H planer P1 33175
Remove 4) Change Add		·	· · ·
Remove  5) Change Add			
Remove  6) Change			
Add			

,	tional sheets, if ne	cessary). (Be	specific)			
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The date of each amendment(s) adoption:	, if other than th
late this document was signed.	
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 state on the Department of State's records.	tatutory filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through vomust be separately provided for each voting group entitled to vote se	
"The number of votes cast for the amendment(s) was/were suffice	cient for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors withou action was not required.	at shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sha action was not required.	areholder action and shareholder
Dated 7/11/2016	
Signature (By a director, president or other officer – if	directors or officers have not been
selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	
Bossel San	haso Lello
(Typed or printed name o	f person signing)
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