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Florida Department of State

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
SENIORS, INC.**

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**ARTICLES OF AMENDMENT TO  
ARTICLES OF INCORPORATION OF  
SENIORS, INC.  
DOCUMENT NUMBER P08000065919**

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

**I. NAME OF THE CORPORATION** - The name of the corporation is:

**SENIORS, INC.**

**II. TEXT OF AMENDMENT ADOPTED** - The text of the amendment adopted is:

A. The name of corporation shall hereafter be:

**SENTINEL HEALTH OF FLORIDA, INC.**

B. The name and address of the Registered Agent shall be:

**FELIX J. MARTIN**

**6100 Blue Lagoon Drive, Suite 110, Miami, FL 33126**

**III. DATE AMENDMENT ADOPTED** - This amendment was adopted on August 6, 2014.

**IV. AMENDMENT APPROVAL** - The foregoing amendment to the Articles of Incorporation was approved and made by the board of directors of the corporation.

**EXECUTED** this 7<sup>th</sup> day of August, 2014.

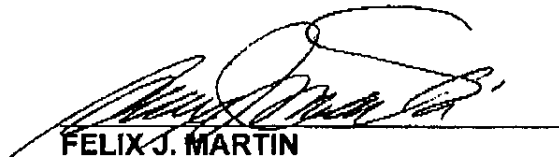
**SENTINEL HEALTH OF FLORIDA, INC.**

  
**FELIX J. MARTIN**  
Director

**ACKNOWLEDGMENT & ACCEPTANCE OF  
APPOINTMENT BY REGISTERED AGENT**

Having been named to accept service of process for **SENTINEL HEALTH OF FLORIDA, INC.**, the above stated corporation, at the place designed in these Articles, I hereby agree to act in this capacity, and I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325 of the Florida General Corporation Act.


Dated this 7<sup>th</sup> day of August 2014.

  
FELIX J. MARTIN

**STATE OF FLORIDA  
COUNTY OF DADE**

I HEREBY CERTIFY that on this day, before me, a Notary Public, duly authorized in the State and County named above to take acknowledgments appeared **Felix J. Martin** personally to me known or who properly identified himself to be the person described as incorporator(s) in and who executed the foregoing described Articles of Incorporation, and he/she/they acknowledged before me that he/she/they subscribed his/her/their name(s) hereto for the purposes therein expressed.

**WITNESS** my hand and official seal at Miami-Dade County, Florida, this 7<sup>th</sup> day of August 2014.

  
NOTARY PUBLIC

My Commission Expires:

Personally known: 

I.D. presented: \_\_\_\_\_

