

PD8000089369

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(Address)

(City/State/Zip/Phone #)

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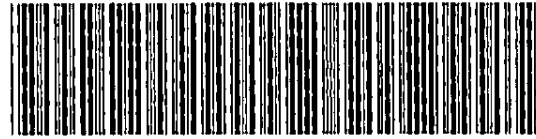
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FOUR SEASONS ELDER CARE ALF, INC.

DOCUMENT NUMBER: P08000089369

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

MICHAEL PEREZ

Name of Contact Person

FOUR SEASONS ELDER CARE ALF, INC.

Firm/ Company

6625 MIAMI LAKEWAY S.

Address

MIAMI LAKES, FL 33014

City/ State and Zip Code

fourseasonselder@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL PEREZ

Name of Contact Person

(786) 877-2745

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the: **Florida Department of State:**

- ☒ **\$35 Filing Fee** ☐ \$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)

Mailing Address

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

Street Address

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

FILED

ARTICLES OF AMENDMENT

to

2018 OCT 23 PM 4:48

ARTICLES OF INCORPORATION

of

SECRETARY OF STATE
TALLAHASSEE, FL

FOUR SEASONS ELDER CARE ALF, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000089369

Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006 of the Florida Statutes, this **Florida for Profit Corporation** hereby adopts the following amendments to its Articles of Incorporation:

A. ARTICLE II – MAILING ADDRESS:

The mailing address of the corporation is:

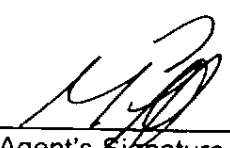
6625 MIAMI LAKEWAY S.
MIAMI LAKES, FL 33014

B. ARTICLE V – REGISTERED AGENT:

The name and the Florida street address of the registered agent is:

MICHAEL PEREZ
6625 MIAMI LAKEWAY S.
MIAMI LAKES, FL 33014

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature

C. **ARTICLE VII – OFFICER(S) AND/OR DIRECTOR(S)**

<u>Type of Action</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Remove <input type="checkbox"/> Add	VP	AIDA SOLER	6625 MIAMI LAKEWAY S. MIAMI LAKES, FL 33014
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Add	P,T	AIDA SOLER	1770 WEST 84 STREET HIALEAH, FL 33014
<input type="checkbox"/> Change <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Add	P	MICHAEL PEREZ	6625 MIAMI LAKEWAY S. MIAMI LAKES, FL 33014

The date of each amendment(s) adoption: OCTOBER 22ND, 2018

Effective date: OCTOBER 22ND, 2018

ADOPTION OF AMENDMENT

The amendments were adopted by the shareholders. The number of votes cast for the amendments were sufficient for approval. The Amendments are hereby adopted and shall be effective as of the date written below.

Dated OCTOBER 22ND, 2018

Signature _____

Printed Name: MICHAEL PEREZ

Title: P

Signature _____

Printed Name: AIDA SOLER

Title: VP