## P0800093573

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6/14/12

## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

2			
NAME OF CORPOR	ation: <u>PH 4510</u> er: <u>PO800</u>	SAL Reh	ab Center, , NC
	f Amendment and fee are su		
The enclosed Armeres of	J Amenument and too are su	omitted for minig.	·
Please return all corresp	ondence concerning this ma	tter to the following:	
-	907 N P.A	Firm/Company  Cettills Ro  Address  City/ State and Zip Code	~
,	concerning this matter, pleas		
EmMAN	uel G. Acos	TA at (407	de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
	ing Address		Address Iment Section
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Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation

FILE	L
50/5 JAN 15	PH 1:39
50/5 JAN 15	Y OF STATE

	of TARY OF STORIO
PHYSICAL Fehas	
(Name of Corporation as currently filed with the	Florida Dept. of State)
P08000093573	Sage - greet
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	901 PPINCHILLS Rd. DRIANDO, FL. 32808
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	901 N. Pinehills Rd. DR/ando, FC 32808
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	ss:
	ref 6. A COSTA  Nettills 120; Br  Treel address)
New Registered Office Address: OMand (City	0 , Florida 32808 (Zip Code)
New Registered Agent's Signature, if changing Registered Ager	<u>it:</u>
I hereby accept the appointment as registered agent. I am familian	
Signature of New Pagintares	Agent if changing

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	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove	VP	SARduy Lisueinys	1936 West MARTIN Coster King Was Bluef. Gre 206, Trupa, Floriva 33607
2)Change Add Remove	VP	Emmanuel 6. AcostA	93607 907 N PINEHIUS Rd
3) Change Add Remove			
4) Change Add · Remove			
5) Change Add Remove	<u></u>		
6) Change Add			
Remove			

. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)	· _
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provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
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The date of each amendment(s) adoption: (Lune 1, 2012  (no more than 90 days after amendment file date)
Effective date if applicable: Unne 1, 2012
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated July 1, 20/2
Dated July 70/2  Signature ES Cios > C
(By a director, president or other officer - if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Emmanuel G. AcostA
(Typed or printed name of person signing)
(Title of person signing)
(Title of person signing)