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.

(((H120002653123)))



Note: DO NOT hit the REFRESH/REIJOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : T20000000019

: (305)552-5973

Phone

Fax Number

: (305)220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

#### COR AMND/RESTATE/CORRECT OR O/D RESIGN ST. JUDE REHABILITATION CENTER, INC

Certificate of Status Certified Copy 0 Page Count 04 \$35.00 Estimated Charge

Electronic Filing Menu

Corpérate Filing Menu

Help

# H12000265312

Articles of Amendment

to

Articles of Incorporation

ZIZNOV-6 PM P. 47
TALLAHASSE FLORE

## ST. JUDE REHABILITATION CENTER, INC.

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

#### P09000094484

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

		,	
A.	<u>II</u>	mending name, enter the new same of t	the corporation:
			The new
ab	brev	lation "Corp.," "Inc.," or Co.," or the d	e word "carporation," "company," or "incorporated" or the lesignation "Corp," "Inc," or "Co". A professional corporation issipnal association," or the abbreviation "P.A."
B.	En	ter <u>new principal office address,</u> i <u>f appli</u> e	cable:
		pal office address MUST BE A STREET	
٠	(M	ter new mailing address, if applicable: ailing address MAY BE A POST OFFICI mending the registered agent and/or registered agent and/or the new registered Agent:	vistered office address in Florida, enter the name of the
		New Registered Office Address:	(Fiorida street address)
			, Florida
			(City) (Zip Code)
Ne	or R	egistered Agent's Signature, if changing	Registered Agent:
1 h	erel	y accept the appointment as registered ago	ent. I am fimiliar with and accept the obligations of the position.
		Sig	mature of New Registered Agent, if changing

Page 1 of 3

### 112000285312

moveu an	io title, name, and address of ear	enter the title and name of each off ch Officer and/or Director being ad	icer/director being lded:
Utach addi	itional sheets, if necessary)		<del></del>
<u>itle</u>	Name	Address	Type of Action
VP	Marceli Pavoni	6431 SW 38th ST Miami, FL 33155	Add  Remove
_			
			Remove
If amend	ling or adding additional Article	es, enter change(s) here: Be specific) onl is no longer 50% owner. Na	
s of Octo	ober 12th, 2012 Marcell Pavo	onl is no longer 50% owner. Na	idiheya Molina
onzalez	will be 100% owner.		
,			
_			
If an ar	nendment provides for an excha	nge, reclassification, or cancellatio	n of issued shares,
provisi	ons for implementing the amend	ment if not contained in the amend	lment itself:
(if n	ot applicable, indicate N/A)		
<del> </del>			
		Page 2 of 3	
1		i .	

H12000285312

	•	
he date of each amondme	nt(s) adoption:	L 10-12-12
1.	(d	ate of adoption is required)
Hective date <u>if applicable</u>	:	
	(no more than 90 day	rs after amendment file date)
adoption of Amendment(s	) ( <u>Chec</u> i	ONE
The amendment(s) was/v by the shareholders was/		eholders. 'The number of votes cast for the amendment(s) val.
The amendment(s) was/v must be separately provi	vere approved by the six ded for each voting grou	rehoiders through voting groups. The following statement p entitled to vote separately on the amendment(s):
"The number of vote	es cast for the amendmen	it(s) was/were sufficient for approval
ьу		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)	
action was not required.	•	d of directors without shareholder action and shareholder rporators without shareholder action and shareholder
Dated 10	/12/2012	
Signature	Monda	5.
54	By a director, president of elected, by an incorporate ppointed fiduciary by the	or other officer - if directors or officers have not been or - if in the hands of a receiver, trustee, or other court at flduciary)
	Na	diheya "Molina Gonzalez
	(Typed o	r printed name of person signing)
	•	
1		Fresident
	(Title of per	on signing)
1	į	

Page 3 of 3

X12000205312