

**P1000004911**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

(((H16000206075 3)))



H160002060753ABC.

**Note: DO NOT hit the REFRESH/RELOAD 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 : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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  
CARE & SERVICES OF REHABILITATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

RECEIVED

10 AUG 19 PM 2:23

FILED

2016 AUG 19 AM 9:15

SECRETARY OF STATE  
CORPORATE FILING

*2/2/2017*

H16000206075

Articles of Amendment  
to  
Articles of Incorporation  
of

CARE &amp; SERVICES REHABILITATION, INC.

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

P1000044911

(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. If amending name, enter the new name of the corporation:**

NOT APPLICABLE

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)**

NOT APPLICABLE

**C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)**

NOT APPLICABLE

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent JUAN A LOPEZ

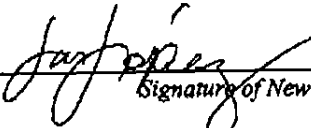
3245 VIRGINIA STREET APT.12

(Florida street address)

New Registered Office Address: MIAMI, Florida 33133  
(City) (Zip Code)

**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.

x   
Signature of New Registered Agent, if changing

H16000206075

H16000206075

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:

☒ Change      PT      John Doe  
☐ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	PD	RUDY A LOPEZ	515 SW 65 STREET
<input type="checkbox"/> Add			MIAMI, FLORIDA
<input checked="" type="checkbox"/> Remove			33144
2) <input type="checkbox"/> Change	PST	JUAN A. LOPEZ	3245 VIRGINIA STREET
<input checked="" type="checkbox"/> Add			APT. 12
<input type="checkbox"/> Remove			MIAMI, FLORIDA 33133
3) <input type="checkbox"/> Change	V	RUDY A LOPEZ	515 SW 65 STREET
<input checked="" type="checkbox"/> Add			MIAMI, FLORIDA
<input type="checkbox"/> Remove			33144
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

H16000206075

H16000206075

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

NOT APPLICABLE

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
(if not applicable, indicate N/A)

NOT APPLICABLE

H16000206075

H16000206075

The date of each amendment(s) adoption: NOT APPLICABLE, if other than the date this document was signed.

Effective date if applicable: NOT APPLICABLE  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

☒ 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 08-17-16

Signature Juan A Lopez

(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)

JUAN A LOPEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

H16000206075