

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6380

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ANGEL HANDS REHABILITATION CENTER INC**

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

12/8/11

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
2011 DEC -8 PM 3:05

SECRETARY  
TALLAHASSEE, FLORIDA  
H 11000287698

ANGEL HANDS REHABILITATION CENTER INC  
(Name of Corporation as currently filed with the Florida Dept. of State)

P10000078091  
(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:**

*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**)

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

**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: YUSET MESA

4530 NW 7 STREET  
(Florida street address)

New Registered Office Address: MIAMI, Florida 33126  
(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.*

Yuse Mesa

Signature of New Registered Agent, if changing

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**If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.**  
 (Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) P	YUSET MESA	4530 NW 7 STREET MIAMI, FL 33126
2)		
3)		
4)		
5)		
6)		

**If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:**

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) PD	MARILYN GUTIERREZ-JMA	4)	
2)		5)	
3)		6)	

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

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- 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)

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The date of each amendment(s) adoption: 12-7-11

Effective date if applicable: \_\_\_\_\_

(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)

- ☐ 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 12-7-11

Signature



(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)

MARILYN GUTIERREZ-IMA

(Typed or printed name of person signing)

P/D/REGISTERED AGENT/INCORPORATOR

(Title of person signing)

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