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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: SCHULTZ ELDE	R CARE SERVICES, INC	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER	P10000088500		
The enclosed Articles of A.	mendment and fee are su	ibmitted for filing.	
Please return all correspond	dence concerning this ma	itter to the following:	
ТН	ERESE M. SCHULTZ		
		Name of Contact Person	1
SCF	IULTZ ELDER CARE S	ERVICES, INC	
		Firm/ Company	
161)	65 PARQUE LANE		
		Address	
NAI	PLES, FL 34110		
		City/ State and Zip Cod	e
schi	ıltzterri@hotmail.com		
	•	sed for future annual report	notification)
For further information cor	ncerning this matter, plea		821-2611
Name of Contact Person		ar (Area Co) 821-2611 de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	US52.50 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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee S. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

2022 JULI 13 FM 3: 38

SCHULTZ ELDER CARE SERVICES, INC

(Name of Corporati	ion as currently filed with the Florid	,
P1000008509		:
(Docum	ment Number of Corporation (if knows	n)
Pursuant to the provisions of section 607,1006, Florida ts Articles of Incorporation:	a Statutes, this Florida Profit Corpora	ution adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbre	" or "Co". A professional corpora	rated" or the abbreviation "Corp.," ition name must contain the word
B. Enter new principal office address, if applicable	<u></u> _	
Principal office address <u>MUST BE A STREET ADI</u>		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
). If amending the registered agent and/or register	red office address in Florida, enter t	the name of the
new registered agent and/or the new registered		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:	
hereby accept the appointment as registered agent.	I am familiar with and accept the obli	igations of the position.
Signo	ature of New Registered Agent, if char	nging

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	PDT	GARY SCHULTZ	16165 PARQUE LN	
Add X Remove	•		NAPLES, FL 34110	
2) Change	P	GARY JOSEPH SCHULTZ	16165 PARQUE LN	
Add			NAPLES, FL 34110	
X Remove 3 Change	P	THERESE M SCHULTZ	16165 PARQUE LN	
XAdd			NAPLES, FL 34110	
Remove				
4) Change Add				
Remove				
51 Change				
Add				
Remove			-14	
6) Change				
Add				
Remove				

	ets, if necessary). (Be:	specific)	<u>c</u> :		
-			-100		
					
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f			11		
ran amenument pro provisions for impla	ovides for an exchange, ementing the amendmen	reclassification, or	in the amendment is	ed shares,	
(if not applicable	e, indicate N/A)	Will the Contrast Co	the amendment is	<u> </u>	
					
		.			
		_			
<u> </u>					
			_		

The date of each amendment(s) adoption: $\frac{4}{1/2022}$ if other than the date this document was signed.
Effective date if applicable: 4/1/2022
(no more than 100 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) (<u>CHECK ONE</u>)
➤ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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)
Dated6/3/32
Signature herist School
(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)
Therese SUHULTZ_ (Typed or primed name of person signing)
- LIESINENT
(Title of person signing)