## P11000096018

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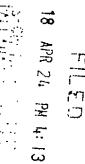
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APR 2 5 2018 S. YOUNG



## **COVER LETTER**

TO: Amendment Section Division of Corpor			
NAME OF CORPOR	ation: <u>Stast</u>	life Hed	ical Center.
DOCUMENT NUMB	1)./^^	096018	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.	
Please return all corresp	pondence concerning this mat	tter to the following:	
_	Rauf	Herwand	
_	Stadile	Name of Contact Person He Licat	O Center.
		Firm/Company  79 Auf	
- -	Dosaf	Address 33/ City/ State and Zip Code	·
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Lauf A	Hesteau Voz	at ( 385_ Area Co	de & Daytime Telephone Number
	the following amount made		
S35 Filing Fee	☐S43.75 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)
	ling Address		Address Iment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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to Articles of Incom	poration
of	
Stoclife Hedreal	Ceester Inc.
	filed with the Florida Dept. of State)
P1100096018	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8764 Sw 8 St Unit 12.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8764 Sw 857 Unit 12.
	<u> </u>
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
-	
(Florida stre	et address)
New Registered Office Address:	. Florida
·	1200 (1200)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered 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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			/
2) Change			
Add		/	/
Remove			
3) Change			
Add			
Remove			
4) Change			
Add		•	
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	
	<del></del>
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	. <u></u>
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an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
rovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
(ly not appreciate, marcace trix)	
<del></del>	

The date of each amendment(s) adoption: 4/20/18	if other than the
date this document was signed.	
Effective date if applicable: 4/20/18	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
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.	
Dated4/30/18	
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator \(^{1}\) if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	

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