

PH0000098029

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.

(((H17000167723 3)))



H170001677233ABC1

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 : 120000000019
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: _____

2017 JUN 23 PM 4:44
DIVISION OF CORPORATIONS
STATE OF FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
I.F.A. ADULTS CARE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

17 JUN 23 PM 5:00

06/22/2017 13:40 3052201440

RECEIVED 10/07/2016 07:31PM
LAZARUS

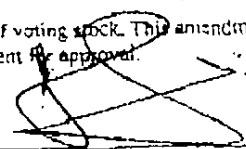
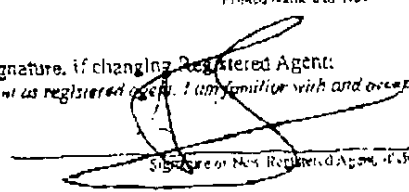
PAGE 02/02

Articles of Amendment
to
Articles of Incorporation
ofI.F.A. Adults Care, Inc.Florida Document Number: P11000098029

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

Remove: Julio Molina, Add:
Jose J Dominguez as (P)
& R.A14008 SW 8 ST
Miami FL 33184These articles of amendment were adopted on 6/23/17

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.


Signature
Jose J Dominguez (P)
Printed Name and TitleNew 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.
Signature of New Registered Agent, if changing
H170000167723