120000472235

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ `` Certificates	s of Status
Special instructions to	Filing Officer:	

Office Use Only



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T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

	tion: <u>María</u> r: <u>P120000 4º</u>	_	h ~ Rehab
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
. –	Martine	Charles Name of Contact Person	1
	29 44 P	Firm/ Company	
	Meria	Address Address City/ State and Zip Code	32448
	E-mail address: (to be us	Ales Annual report	notification)
Martin	oncerning this matter, pleas		
	Contact Person the following amount made:		
□ \$35 Filing Fee	□\$43.75 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)
Ameno Divisio P.O. B	ng Address Ilment Section on of Corporations ox 6327 assec, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

2013 FFR 19 DH

01	10 10 PM 1: 26
Marianna Healtha Rehab, CO.	SECRETARY OF CTANA
(Name of Corporation as currently filed with the Florida Dept. of State)	SECRETARY OF STATE
P120000 47225	

P120000 47225		1.	- ****
(Document Number of Corpo	oration (if known)		
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ntes, this <i>Florida Profit Corporati</i>	on adopts the following ame	endment(s) to
A. If amending name, enter the new name of the corpora	ntion:	The	new
name must be distinguishable and contain the word 'co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	c," or "Co". A professional co viation "P.A."	corporated" or the abbrev rporation name must conta	iation in the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	•	nnsylvania una FC 1448	AUL
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Po Box Tallahos	4286 see, FC	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		e name of the	
Name of New Registered Agent			
· · · · · · · · · · · · · · · · · · ·	lorida street address)		
New Registered Office Address:	, Flo	orida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registere	d Agent:		
I hereby accept the appointment as registered agent. I am J		ations of the position.	
- Alv B			

Signature of New Registered 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>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add		<u> </u>	
Remove			
			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

in the second of the control	cles, enter change(s (Be specific)			
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an amendment provides for an exch	<u>ange, reclassificatio</u>	n, or cancellation	<u>ı of issued share</u>	<u>es.</u>
	<u>idment if not co</u> nta	ned in the amend	dment itself:	
rovisions for implementing the amer				
rovisions for implementing the amer (if not applicable, indicate N/A)				
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he date of each amendment(s) ad	option: <u>A/18/20/3</u>
ffective date if applicable:	
	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	18/2013 Plane
Signature _	Plote
	rector, president or other officer - if directors or officers have not been
	, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Martine Garles (Typed or printed name of person signing)
-	(Typed or printed name of person signing)
_	Director
_	(Title of person signing)