## P1300059235

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C. GOLDEN JUN 1 6 2017

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PAR	RADISE ADULT DAY C	ARE, INC.	
DOCUMENT NUMBER: P130000	59235		
The enclosed Articles of Amendment		filing.	
Please return all correspondence conc	erning this matter to the f	ollowing:	
ZONIA PENA	TE		
	Name o	f Contact Person	
and the second of the second o	Fin	n/ Company	
PARADISE A	DULT DAY CARE, INC	•	
		Address	
50 LINDSAY	COURT #102-106 HIAL	EAH FL 33010	
	City/ St	ate and Zip Code	
zonia33144@yahoo.	com		
E-mail add	dress: (to be used for futu	re annual report n	notification)
For further information concerning thi	is matter, please call:		
ZONIA PENATE		at (	9000090
Name of Contact Perso	on	Area Cod	e & Daytime Telephone Number
Enclosed is a check for the following	amount made payable to	he Florida Depar	tment of State:
	ate of Status Certifi	Filing Fee & ed Copy onal copy is ed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ations	Division Clifton I	nent Section of Corporations

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

2017 JUN 12 PM 4:39

PARADISE ADULT DAY CARE, INC.

( <u>Name</u> )	of Corporation as curre	ntly filed with the Florida Dept. of State T. Dr. GART UP STA
1 13000037233	(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	nis Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
	nation "Corp," "Inc," or	tion," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the
N/A		N/A
B. Enter new principal office address, (Principal office address MUST BE A S		
	, , , , , , , , , , , , , , , , , , ,	
C. Enter new mailing address, if appli	ioo blar	
(Mailing address MAY BE A POST		N/A
		dress in Florida, enter the name of the
new registered agent and/or the new		<u> 288:</u>
Name of New Registered Agent	ZONIA PENATE	100 mm
	50 LINDSAY COURT	#102-106
	(Florida	street address)
New Registered Office Address:	HIALEAH	Florida 33010
		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Age tered avent – Lam familia	nt: ar with and accept the obligations of the position.
	er en agem. I amjumma	with and decept the congulation by the position
	-71	0
		eate
	Signature of New	v 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	ROSANA IGLESIAS	50 LINDSAY COURT
Add			#102-106
X Remove			HIALEAH, FL 33010
2) Change	Р	ZONIA PENATE	50 LINDSAY COURT
X Add	<del>-</del> '		#102-106
Remove			HIALEAH, FL 33010
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		·	
Add			
Remove			
6) Change			
Add	<del>.</del>	-	
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
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)
N/A

The date of each amendment(s) adoption:  date this document was signed.		, if other than the
Effective date <u>if applicable</u> :		
(no i	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not mee document's effective date on the Department of State's	et the applicable statutory filing requirements, this date will no s records.	ot be listed as the
Adoption of Amendment(s) (CHECK	<u>ONE</u> )	
The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approve	nolders. The number of votes cast for the amendment(s) ral.	
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group	cholders through voting groups. The following statement o entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment	t(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(voting gro	oup)	
☐ The amendment(s) was/were adopted by the board of action was not required.	of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporaction was not required.	orators without shareholder action and shareholder	
JUNE 7, 2017 Dated	• ••	
Signature	ate	
(By a director, president o	or other officer – if directors or officers have not been sor – if in the hands of a receiver, trustee, or other court at fiduciary)	
ZONIA PENATE		
(Typed	or printed name of person signing)	
PRESIDENT		
	(Title of person signing)	