

SEP/27/2013/FRI 11:17 AM

FAX No.

P. 001

9/27/13

Division of Corporations

**P130000168602**

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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13 SEP 27 AM 11:23

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**REHAB RELIEF CENTER CORP**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

**C. LEWIS**

**SEP 27 2013**

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDAArticles of Amendment  
to  
Articles of Incorporation  
of

REHAB RELIEF CENTER CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000008602

(Document Number of Corporation (if known))

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

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)4999 W 8 Ave #1  
Hialeah FL 33012.C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)4999 W 8 Ave #1.  
Hialeah FL 33012.D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:Name of New Registered Agent4999 W 8 Ave #1.  
(Florida street address)New Registered Office Address:Hialeah, Florida 33012.  
(City) (Zip Code)New 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

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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) <input checked="" type="checkbox"/> Change	P	Nelson Ramos	4999 W 8 Ave #1
<input type="checkbox"/> Add			Hiatah #1 33012
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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**F. If deleting or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

**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)

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 9-26-13

Effective date if applicable: 9-26-13  
(no more than 90 days after amendment file date)

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.

Dated 9-26-13  
Signature [Signature]

(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)

Nelson Ramos  
(Typed or printed name of person signing)

President  
(Title of person signing)