

P14 0000 23239

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H14000068057 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : EASTKIT CORP

Account Number : I20100000009

Phone : (305) 599-0839

Fax Number : (305) 592-9591

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
PARADISE ASSISTED LIVING FACILITY, INC.**

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

RECEIVED

14 MAR 20 PM 4:51

 DIVISION OF CORPORATIONS
 504 N. GULF BLVD
 TALLAHASSEE, FL 32304

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

14 MAR 20 AM 8:43

FILED

MAR 24 2014

C. CARROTHERS



March 21, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

PARADISE ASSISTED LIVING FACILITY, INC.

9605 S.W. 144 LANE

MIAMI, FL 33186

SUBJECT: PARADISE ASSISTED LIVING FACILITY, INC.

REF: P14000023239

We have received your document for PARADISE ASSISTED LIVING FACILITY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Cathy A Carrothers
Regulatory Specialist

FAX Aud. #: H14000068057
Letter Number: 114A00006098

RECEIVED

14 MAR 21 AM 9:04

REGULATORY SPECIALIST
CATHY A. CARROTHERS
3/21/2014 9:04 AM

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14 MAR 20 AM 8:46

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PARADISE ASSISTED LIVING FACILITY, INC.

DOCUMENT NO.: P14000023239

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

NEW CORPORATE NAME (if changing):

(Must contain the word "Company," "Corporation," or "Incorporated" or the abbreviation "Co.," "Corp.," or "Inc." A professional corporation must contain the word "Chartered," "Professional Association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED: (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted:

ARTICLE II - MAILING ADDRESS

The change in the Mailing Address is as follows:

Delete: 9605 S.W. 144 Lane, Miami, FL 33186

Add: 9605 S.W. 144 Place, Miami, FL 33186

ARTICLE III - PRINCIPLE ADDRESS

The change in the Mailing Address is as follows:

Delete: 9605 S.W. 144 Lane, Miami, FL 33186

Add: 9605 S.W. 144 Place, Miami, FL 33186

The date of each amendment(s) adoption: 3/20/2014

Effective date (if applicable): _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE):

☒ The amendment(s) was/were approved 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 _____."

☐ 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.

Signature ☒

(By the 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)

☒ Hisbeth Sanchez
Type or Printed Name

☒ President
Title

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14 MAR 20 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA