

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.

((H17000308415 3))



H170003084153ABC3

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 : I20000000019
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: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
LIFE WELL BEHAVIORAL HEALTH CENTER, INC.**

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

RECEIVED

17 NOV 22 PM 4:16

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF THE
TALLAHASSEE, FLORIDA

17 NOV 22 AM 10:04

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

Articles of Amendment
to
Articles of Incorporation
of

NOV 22 AM 10:04

H.17000308415

TALLAHASSEE FLORIDA

Life Well Behavior Health Center

Florida Document Number:

PIA 000094951

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

CHANGE All Address

2801 HW 87 Ave Suite 7

Doral, FL 33172

These articles of amendment were adopted on

11/15/2017

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

Lianet Gonzalez (President/Owner)

Printed Name and Title

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

H17000308415