P15000010258

. (Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300297124593

03/27/17--01008--002 **35.00

FILED
2011 MAR 27 M S: 27
SECRETARY OF STATE

Amend Mame

MAR 28 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Integra Guardians, I	ner SA		
DOCUMENT NUMBER: P15000010258			
The enclosed Articles of Amendment and fee are subm	tted for filing.		
Please return all correspondence concerning this matter	to the following:		
Cheryl A Reuter, EA			
• • • • • • • • • • • • • • • • • • •	Name of Contact Person		
Reuter Accounting & Tax	Inc.		
	Firm/ Company		
P.O. Box 495753			
	Address		
Port Charlotte, FL 33949-	5753		
-	City/ State and Zip Code		
Cheryl@ReuterAccountingTa	x.net		
E-mail address: (to be used	for future annual report notification)		
For further information concerning this matter, please cannot cheryl A. Reuter, EA	941 255-5552		
Name of Contact Person	at ()		
Enclosed is a check for the following amount made pays	, ,		
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	\$\\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$\\$52.50 \text{ Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$\\$60.0000000000000000000000000000000000		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Articles of Amendment to Articles of Incorporation of Integra Guardians, Inc.

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

Articles of Amer	ndment :	
Articles of Incorp	oration	彩色 据 人
Integra Guardians, Inc.		DIE THE THE THE THE THE THE THE THE THE TH
(Name of Corporation as currently file	ed with the Florida Dept. of Stat	
P15000010258	ones has selected	200
(Document Number of Co	rporation (if known)	Alle
Fursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Florida	rida Profit Corporation adopts the	following amendment(s) to
. If amending name, enter the new name of the corporation:		
Integra Estate and Lifecare Services, Inc.		The , new
ame must be distinguishable and contain the word "corporation," Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" or "chartered," "professional association," or the abbreviation "P.A	. A professional corporation nar	or the abbreviation
. Enter new principal office address, if applicable:	1751 Hunter Creek Drive	
Principal office address MUST BE A STREET ADDRESS)	Punta Gorda, FL 33982	•
-		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Punta Gorda, FL 33982	The April Develops
,	, , , , ,	
	·	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: N/A Name of New Registered Agent	in Florida, enter the name of the	· · · · · · · · · · · · · · · · · · ·
new registered agent and/or the new registered office address: Name of New Registered Agent N/A		· · · · · · · · · · · · · · · · · · ·
new registered agent and/or the new registered office address: N/A		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent New Registered Office Address: N/A (Florida street of New Registered Office Address:	address), Florida	1
new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street of the new registered	address), Florida	(Zip Code)
Name of New Registered Agent New Registered Office Address: N/A (Florida street of New Registered Office Address:	address), Florida	1
Name of New Registered Agent New Registered Office Address: (City Registered Agent's Signature, if changing Registered Agent:	address), Florida	(Zip Code)
Name of New Registered Agent New Registered Office Address: N/A (Florida street of New Registered Office Address: (City	address), Florida	(Zip Code)
Name of New Registered Agent New Registered Office Address: (City Registered Agent's Signature, if changing Registered Agent:	address), Florida	(Zip Code)

Control of the contro

If amending the Officer address of each Officer (Attach additional sheets Please note the officer/die P = President: V = Vice Executive Officer; CFO held President, Treasure Changes should be noted a change, Mike Jones lea Mike Jönes, V äs Remove Example:	and/or I i, if neces rector tit Presiden = Chief er, Direct I in the fa wes the c	Director to sary) The hy the file hy the file hy the file from the file file file file from the file file file file file file file fil	eing added: first letter of the asurer: S= Sec Officer. If an be PTD. nänner. Curre on, Sally Smith	e office title: retary; D= Di officer/directo nitly John Doe i	rector; TR= 7 r holds more s listed as the	Trustee; C = Than one titl	Chairman o e, list the fir ke Jones is li	r Clerk; CEC st letter of ea) = Chief ich office There is
X Change	· <u>PT</u>	John De	<u>oe</u>						
X Remove W Mike Jones									
X Add	<u>sv</u>	Sally St	<u>nith</u>						
<u>Fype of Action</u> (Check One)	<u>Title</u>		<u>Namë</u>			<u>Addres</u> s			
1) Change			N/A						
Add									
Remove							,		
2)Change "								,	.
Add									
Remové	<u> </u>		· •						
3) Change			· ·		<u>. </u>				-
Add									
Remove	•	Liling	-			<u> </u>	· .	5	·.
4) Change	<u> </u>								
Add							•		7
Remove							 	·	
5) Change									
Add								•	
Remove	• •								
					***	* *** ***			
(i) Change						·		.,	
Add									

Remove

(Attacl	h <i>additional sheets, if</i> .	necessary). (i	Be specific)				
N/A	•, ,			: .			
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tark in Living
· · · · · · · · · · · · · · · · · · ·							
		97 may 6 1 kg da 1 1 kg 6				<u> </u>	
,			and the second s				
	entiste in Committee in Patricina of the State of State o	nament die een kele t. Van makidik om die konsensen k		to deliver		**************************************	
		<u> </u>			14 (197**		
			<u> </u>				
-						•	_
				and the state of t			
					- LEARNING TO THE STATE OF THE		
	,	· · · · · · · · · · · · · · · · · · ·					
······································							
							,
. <u>If an a</u> provi	mendment provides sions for implementi	for an exchang	ze, reclassificati nent if not cont	ion, or cancel ained in the a	lation of issued mendment itsel	<u>shares,</u> f:	
(į	if not applicable, indic	cate N/A)				wan.	
N/A 				·			
	,	<u></u>			- III SERVICE OF THE		
				 		••	
					1917-1		
• •							-
						•	
			•				

The date of each amountained()	March 22, 2017	
The date of each amendment(s) a date this document was signed.	adoption:	_, if other than the
Effective date if applicable:	March 22, 2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated3	-22-17	
Dated		
Signature	-22-17 Jan Mah	
(By a selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	_
	Terrance M. Wright	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	
	/	
	,	
	. '	
!		
,	•	
	enter of the second of the sec	9 9441 17 - 46 - 1
	Page 4 of 4	garanta kanalari da ka
•••		
	• •	•