50000/3768

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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COR AMND/RESTATE/CORRECT OR O/D RESIGN SUNSET DRIVE REHAB CENTER INC

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November 4, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SUNSET DRIVE REHAB CENTER INC 10300 SUNSET DRIVE 284 MIAMI, FL 33173US

SUBJECT: SUNSET DRIVE REHAB CENTER INC

REF: P15000013768

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section D of your document is incomplete. If amending the registered agent please update new registered name, address and signature of the new registered agent.

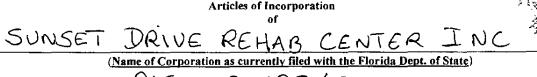
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Cheryl R McNair Regulatory Specialist II FAX Aud. #: H15000262268 Letter Number: 815A00023337

15 NOV -5 A 8: 59

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation



P150000 13768
(Document Number of Corporation (if known)

ent(s) to

A. If amending name, enter the new name of the co	rporation:	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the c	" "Inc," or "Co". A profess	
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
If amending the registered agent and/or register new registered agent and/or the new registered agent.		enter the name of the
Name of New Registered Agent		<u> </u>
	(Florida street address)	•
New Registered Office Address:	·	, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Regi herehy accept the appointment as registered agent.	istered Agent: I am familiar with and accept t	the obligations of the position.
Signa	ture 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) X Change	<u>V</u> (LIBERA ISRAEL	
Add		·	Miami FL 33173
Remove	_		
2) Change Add	<u>P</u>	Galindo Loite	10300 SUNSET DRIVE STE. 284
Remove			Miami, FL 33173
3) Change	_		
Add			
Remove		•	
4) Change			
Add			
Remove			
5) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove		·	
6) Change			
Add			
Remove			

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The date of each amendment(s) adoption:	_ 11	a2	15		, if other than the
date this document was signed.		-			
Effective date if applicable:	(no more that	1 90 day	s after amendr	nent file date)	
Note: If the date inserted in this block does not document's effective date on the Department of St	meet the apparate's records.	olicable	statutory filing	; requirements, t	his date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)				
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app		he numi	ber of votes ca	st for the amendi	ment(s)
The amendment(s) was/were approved by the s must be separately provided for each voting go					
"The number of votes cast for the amend	ment(s) was/v	vere suff	icient for appr	oval	
by(votin	g group)				
The amendment(s) was/were adopted by the boaction was not required.		rs witho	ut shareholder	action and share	sholder
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators w	ithout sh	areholder acti	on and sharehold	ler
Dated 11/07/15		<u> </u>	-		
Signature					
(By a director, preside selected, by an incorp					
appointed fiduciary by				, cractor, or other	
Joi ,	te 6.	p/1	nh		
(T)	ped or printe	d name	of person signi	ng)	
		1	>		
	(Titl	cofnen	on signing)		

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