P 150000 35095

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S. TALLENT JUN 2 9 2017

Mera



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	tation: ALL SOD NURSI	ERY INC			
DOCUMENT NUME					
The enclosed Articles	of Amendment and fee are so	ibmitted for tiling.			
Please return all corres	pondence concerning this ma	tter to the following:			
	AYMEE MINAYA				
		Name of Contact Person	n		
	CDRS PROFESSIONAL SE	RVICES INC			
		Firm/ Company			
	6020 RADIO ROAD				
		Address			
	NAPLES FL 34104				
		City/ State and Zip Cod	c		
CDRS	SPROFF@ME.COM				
 		sed for future annual report	notification)		
		·			
For further information	concerning this matter, pleas	se call:			
AYMEE MINAYA		239	307-4655		
Name c	of Contact Person	at (Area Co	de & Daytime Telephone Number		
The state of the state of the state of					
Enclosed is a check for	the following amount made	payable to the Florida Dept	irtinent of State:		
■ \$35 Filling Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		<u>Street</u>	Address		
Ame	ndment Section	Amendment Section			
	sion of Corporations	Division of Corporations			
	Box 6327 dassee: FL 32314	Clifton Building			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

1 1	SO	rx	NO.	11)	CI	: O	٠.	IX.	ď.
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(<u>Name</u>	of Corporation as curre	ntly filed with the Florida l	Dept. of State)	
P15000035095				
	(Document Numbe	r of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, tl	nis Florida Profit Corporatio	m adopts the following amen	dment(s) to
A. If amending name, enter the new n	ame of the corporation:			
NA			$\eta_{\kappa'}$	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," o	r "Co". A professional cor	orporated" or the abbrevia	ition
B. Enter new principal office address,	if applicable:	NA	<u> </u>	
(Principal office address MUST BE A S				<u>-∸</u> ,
			<u> </u>	
C. Enter new mailing address, if appl	icable:	X · A		
(Mailing address MAY BE A POST		NA		
				_
				_
D. If amending the registered agent at			name of the	
new registered agent and/or the ne	w registered office addr CDRS PROFESSIONA	· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent			<u></u>	
	6020 RADIO ROAD			
		street address)		
New Registered Office Address:	NAPLES		Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Age	ont:		
Thereby accept the appointment as regis.			tions of the position.	
	10 Rec	at 19		
	Suparure of Ver	w Registered Agent, if changi	inv	
($T^{s,a,b,c,\phi,\alpha}$	gamer carrigem, ij changi	100	

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: X Change	<u>79</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T	ARMANDO DE CARDENAS GIZ	2497 43RD ST SW
X Add	•		NAPLES FL 34116
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add		_	
Remove			
5) Change			
Add			
Remove			
0 41			
6) Change			
Add			
Remove			

Transmitted in the control of the control of the	ticles, enter change(s (Be specific)			
(A				
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		· <u>-</u>		
If an amendment provides for an exc	hange, reclassificatio	n, or cancellation of	issued shares,	
provisions for implementing the ame	endment if not contai	ined in the amendme	ent itself:	
(if not applicable, indicate N/A)				
A				
A				
A				
A				
A				
A				
i.A				
A				
A				

The date of each amendment(s) ad	loption:, if or	her than the
date this document was signed.	E 1201 2017	
Effective date if applicable:	E 13TH 2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ador by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
by	<u>,</u> "	
-	(voting group)	
☐ The amendment(s) was were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
06/13/2017 Dated		
selected	rector, president of other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
, ,	MIGUEL CANCIO	
-	(Typed or printed name of person signing)	_
	PRESIDENT	
-	(Title of person signing)	_