# P1600003465

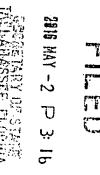
(Re	questor's Name)	
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### **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: NEW HORIZON FACILITY. INC P16000003465 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANDRE KATTOURA Name of Contact Person KATTOURA & ASSOCIATES Firm/ Company 1499 W PALMETTO PK RD SUITE 408 Address **BOCA RATON, FL 33486** City/ State and Zip Code kattoura.accounting@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANDRE KATTOURA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment Articles of Incorporation oſ

### NEW HORIZON FACILITY, INC

# (Name of Corporation as currently filed with the Florida Dept. of State) P16000003465 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: \_, Florida\_

New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	20-21 (CD)
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of	f the posit	ions:
•	30.10	<u> </u>
	為河	-<
	SS 3	-2
Signature of New Registered Agent, if changing	T S	

(City)

(Zip Code)

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	PT	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
1) Change	VP	ELDICK, SAADEDINE	230 SOUTH HIGWAY
Add			CRESCENT CITY, FL 32112
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kemove			
6) Change			
Add			
Remove			

. <u>If amending or adding additional Arti</u> (Attach additional sheets, if necessary).	(Be specific)
1/A	
_	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	

	04/22/2016	
The date of each amendment		, if other than the
date this document was signed		
Effective date if applicable:	04/22/2016	
	(no more than 90 days after amendment file date)	<del></del>
	this block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	I not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
04/25 Dated	/2016	
Signature		
	by a director, president or other officer - if directors or officers have not been	<del></del>
Se	elected, by an incorporator - if in the hands of a receiver, trustee, or other court	
a	opointed fiduciary by that fiduciary)	
	ELDEICK, ABDUL M.	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	· · · · · ·