P16000011880

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: APC OF SWELA	INC			
DOCUMENT NUM	IBER: P16000011880				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	itter to the following:			
	JASON SANTORO				
	Name of Contact Person				
		Firm/ Company			
	104 NW 7TH TER				
	Address				
	CAPE CORAL, FL 33993				
		City/ State and Zip Code	e		
	JESSICACANTU@COMCAST.NET				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
JASON SANTORO		at (²³⁹	200-8409		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An Div P.C	niling Address nendment Section Vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

APC OF SWFLA INC

AFC OF SWELATING		
(Name of Corporation as currently filed with the Florida Dept. of State)		
P16000011880		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following the Articles of Incorporation:	ng amend	lment(s)
A. If amending name, enter the new name of the corporation:		
	The r	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviati "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must conta "chartered," "professional association," or the abbreviation "P.A."	ion "Corp in the w	7.," ord
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		_
		_
	2	
	120	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(=	• •
		• -
	-2	– '. .
	PH 2: 03	_ ;
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	$\ddot{\sim}$	••
new registered agent and/or the new registered office address:	03	
Name of Name Booking and Among		
Name of New Registered Agent	_	
(Florida street address)		
New Registered Office Address:, Florida		_
(City) (Zip	Code)	
New Registered Agent's Signature, if changing Registered Agent:		
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		
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.		

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)

Example:

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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	ANTHONY SCHENONE	506 SE 32ND STREET
X Add			CAPE CORAL, FL 33904
Remove			
2) Change	D	LAZARO ARIEL HERNANDEZ	230 SE 20TH CT
X Add			CAPE CORAL, FL 33990
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

	y). (Be specific)
	
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sn amendment provides for an ex	ychange reclassification or cancellation of issued shares
f an amendment provides for an expressions for implementing the ac	xchange, reclassification, or cancellation of issued shares,
provisions for implementing the ai	mendment if not contained in the amendment itself:
an amendment provides for an exprovisions for implementing the au (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
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	05/22/2020	
The date of each amendment(s) ad		, if other than the
date this document was signed.		
	2/2020	
Effective date <u>if applicable</u> :		
	(no more than 90 days	ufter amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep		tatutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board o	of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf		per of votes cast for the amendment(s)
	roved by the shareholders through vector of the search voting group entitled to vote se	oting groups. The following statement eparately on the amendment(s):
"The number of votes east t	for the amendment(s) was/were suff	icient for approval
by		,,
<u> </u>	(voting group)	·
06/08/20	_	
Dated		
	11/1	
Signature		
(By a du	rector, president or other officer – if	directors or officers have not been
		s of a receiver, trustee, or other court
appointe	ed fiduciary by that fiduciary)	
-	bubby (Cantu
	(Typed or printed name of	of person signing)
_	Vice Pres	ident
	(Title of person signing)	