

# P160000/2237

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000172698 3)))



H180001726983ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 JUN -8 AM 9:22

FILED

RECEIVED

18 JUN -8 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
SUNRISE REHAB & MEDICAL CENTER CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

## 2nd REQUEST

Electronic Filing Menu

Corporate Filing Menu

Help

DC N/C  
06-11-18

FILED

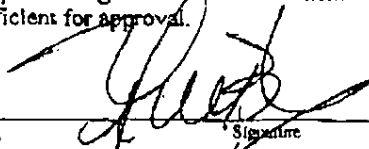
18 JUN -8 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAArticles of Amendment  
to  
Articles of Incorporation  
ofSunrise Rehab Medical Center CorpFlorida Document Number: P16000012237

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

change Corporation name:-  
Sunrise Medical & Community Mental Health  
Center Corp.-These articles of amendment were adopted on 6/7/18.

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.

  
\_\_\_\_\_  
Signature  
Natacha Valdes (P)  
Printed Name and Title

New Registered Agent's Signature, if changing Registered Agent:

I 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