## P16000 099 077

(Re	questor's Name)	
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07/29/19--01026--013 \*\*43.75



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: CENATUS CARE	S INC		
DOCUMENT NUM	P16000000077			
The enclosed Article	s of Amendment and fee are su	abmitted for filing.		
Please return all corr	espondence concerning this ma	itter to the following:		
	JSON CROWN			
	·	Name of Contact Perso	n	
	JSON CROWN INC			
		Firm/ Company		
	400 WEST PEACHTREE ST		11te 4	
		Address		
	ATLANTA GEORGIA 3030	98		
		City/ State and Zip Cod	e	
json	crown@mail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
json crown		at ( <u>770</u>	, 847-8417	
Namo	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	2	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ailing Address	Street	Address	
	nendment Section		Amendment Section	
Division of Corporations		Division of Corporations		
	D. Box 6327 Ilahassee, FL 32314		Building xecutive Center Circle	
1 a	Hannoger, I to Ded La	4001 L	Account Contor Chick	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

CENATUS CARES INC	FILEU
(Name of Corporation as currently filed with t	he Florida Dept. of State)
P16000099077	20 BE 29 P 6 9
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profi</i> its Articles of Incorporation:	SECRETARY OF STATE OF CORPORATION adopted AMAGGE AND RIVE
A. If amending name, enter the new name of the corporation:	
JSON CROWN INC	The new
name must be distinguishable and contain the word "corporation," "compan "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A prof word "chartered," "professional association," or the abbreviation "P.A."	y," or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	W// +1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1/-
D. If amending the registered agent and/or registered office address in Florid new registered agent and/or the new registered office address:	a, enter the name of the
Name of New Registered Agent	
(Florida)street address)  New Registered Office Address: (City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent.	pt the obligations of the position.
Signature of New Registered Age	ent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, as 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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offiheld. 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:			
X Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SY</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		<i>&gt;</i>	
Remove			

tach additional sheets, if necessary).	
	N/K-
	- N/-K
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	)
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	endment if not contained in the amendment itself:
an amendment provides for an exchrovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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rovisions for implementing the ame	endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	12/15/14	if other than the
date this document was signed.	)' ' '	
Effective date if applicable:	12/15/16	
	(no more than 90 days after an	iendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of St		filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)	
β ine amendment(s) was/were adopted by the shareholders was/were sufficient for app		es cast for the amendment(s)
☐ The amendment(s) was/were approved by the s must be separately provided for each voting g		
"The number of votes east for the amend		
by	g group)	"
(votin	g group)	
☐ The amendment(s) was/were adopted by the boaction was not required.	oard of directors without shareh	older action and shareholder
The amendment(s) was/were adopted by the in- action was not required.	corporators without shareholde	r action and shareholder
Dated	<u> </u>	
Signature	ion Cun	
(By a director, preside	ent or other officer – if director	
	porator – if in the hands of a rec	ceiver, trustee, or other court
appointed fiduciary b	y mat numerary)	
	View CK	own
(T)	yped or printed name of persor	signing)
	PracodeNT	L <sub>.</sub>
	(Title of person signi	ng)