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C. GOLDEN SEP 1 7 2018

COVER LETTER

TO: Amendment Section Division of Corporations

1

NAME OF CORPORATION	N: H&S REHABILIT	ATION CENTER, INC				
DOCUMENT NUMBER:	P17000019355					
The enclosed Articles of Am		bmitted for filing.				
Please return all corresponde	ence concerning this ma	tter to the following:				
GUIL	LERMO SUAREZ					
		Name of Contact Persor				
H&S	H&S REHABILITATION CENTER, INC					
		Firm/ Company				
8140	W WATERS AVE UN	NT D				
		Address				
TAM	PA, FL 33615					
.		City/ State and Zip Code	:			
harabahilit	ation@uchoo com					
	ation@yahoo.com	sed for future annual report	notification)			
Ţ	:-mail address, (to be us	sed for future armual report	nottication)			
For further information conc	eming this matter, pleas	se call:				
GUILLERMO SUAREZ		813 at (363-4736			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for the f	ollowing amount made	payable to the Florida Depa	rtment of State:			
■ \$35 Filing Fee □	3\$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)			
P.O. Box (nt Section f Corporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle issee, FL 32301			

Articles of Amendment to Articles of Incorporation of

FILED

H&S REHABILITATION CENTER, INC

(Name of Corpor	ration as currently filed with the Florida Dept. of State
P17000019355	SECRETARY OF STATE TALLAHASSES.FL
(Do	cument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flots Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the	e corporation:
	The new
	word "corporation," "company," or "incorporated" or the abbreviation or "Inc," or "Co". A professional corporation name must contain the the abbreviation "P.A."
3. Enter new principal office address, if applica	
Principal office address <u>MUST BE A STREET A</u>	IDDRESS)
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)
 If amending the registered agent and/or reginew registered agent and/or the new register 	stered office address in Florida, enter the name of the
	ed office address.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing I	Degistered Agent
	nt. I am familiar with and accept the obligations of the position.
S	Sanature of New Registered Agent if changing

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>PT</u>	John Do	<u>oc</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>ones</u>	
X Add	\underline{SV}	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	TR		Eliany Humpierre	3235 Bellericay Ln
X Add				Land O' Lakes, FL 33638
Remove			•	
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add			-	
Remove				

Attach additional sheets, if necessary).	(Be specific)		
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<u> </u>			.=
			
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	<u></u>		
<u> </u>			
f an amendment provides for an exc	hange reclassification or c	ancellation of issued sh	ares
provisions for implementing the am	endment if not contained in	the amendment itself:	<u>-1,</u>
(if not applicable, indicate N/A)			
		.,	
	· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
,		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ador by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendme ficient for approval.	ent(s)
☐ The amendment(s) was/were approximust be separately provided for	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	nted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were adopaction was not required.	nted by the incorporators without shareholder action and shareholder	
09/06/2018		
Dated Signature		
(By a dii selected	ector, president or other officer – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other c d fiduciary by that fiduciary)	
C	GUILLERMO SUAREZ	
-	(Typed or printed name of person signing)	·
F	PRESIDENT	
-	(Title of person signing)	_