

P18000002035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

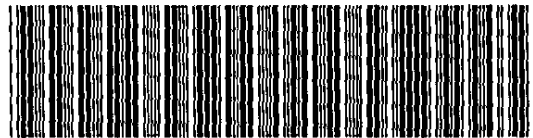
(Business Entity Name)

(Document Number)

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2018 FEB 12 PM 4:57
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

C. GOLDEN

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Community Senior Care Solutions, Inc.

DOCUMENT NUMBER: P18000002035

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly Saint- Preux

Name of Contact Person

Firm/ Company

2785 Bishop Ln

Address

Deltona, FL 32725

City/ State and Zip Code

k3iconsulting@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Saint-Preux

Name of Contact Person

at (407) 579-4302

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2018

KIMBERLY SAINT - PREUX
2785 BISHOP LANE
DELTONA, FL 32725

SUBJECT: COMMUNITY SENIOR CARE SOLUTIONS, INC.
Ref. Number: P18000002035

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

AMBR is the designation for a limited liability company and should not be used by a corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 018A00001683

RECEIVED
18 FEB 12 PM 2:56
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

Articles of Amendment
to
Articles of Incorporation
of

FILED

2010 FEB 12 PM 4:57

Community Senior Care Solutions, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000002035

(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:

The new 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."

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

Jeff P. H. Cazeau, P.L.
14 NE 1st Ave. Suite 502

(Florida street address)

New Registered Office Address:

Miami

(City)

Florida

33132

(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 obligations of the position.



Signature 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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>X</u> Change <u> </u> Add <u> </u> Remove	<u>P</u>	<u>Community Connections Transportation, Inc.</u>	<u>2785 Bishop Lane</u> <u>Deltona, FL 32725</u>
2) <u>X</u> Change <u> </u> Add <u> </u> Remove	<u>VP</u>	<u>Portuondo, Pedro</u>	<u>2750 SNOW GOOSE LANE</u> <u>LAKE MARY, FL 32746</u>
3) <u> </u> Change <u> </u> Add <u>X</u> Remove	<u>VP</u>	<u>WHIGHAM, RUDENA</u>	<u>4308 ANDOVER CAY BLVD</u> <u>ORLANDO, FL 32825</u>
4) <u> </u> Change <u> </u> Add <u>X</u> Remove	<u>T</u>	<u>BRYANT, KWANZA</u>	<u>385 LAKE AMBERLEIGH DRIVE</u> <u>WINTER GARDEN, FL 34787</u>
5) <u> </u> Change <u> </u> Add <u>X</u> Remove	<u>S</u>	<u>MATTHEWS, CHARITY</u>	<u>2750 VILLAGE PINE TERRACE</u> <u>ORLANDO, FL 32833</u>
6) <u> </u> Change <u> </u> Add <u> </u> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____."
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 1/10/18
Signature _____
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Community Connections Transportation, Inc. - Kimberly Saint-Preux

(Typed or printed name of person signing)

AMBR

Vice President

(Title of person signing)