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SECRETARY OF STARK ALLAHASSEE, FLORIDS

JAN 2 5, 2018 T. LEANEUX



COVER LETTER

TO: Amendment Section Division of Corporation			
NAME OF CORPORA	ATION: Magnolia Rehab Se		
DOCUMENT NUMBE	ER: P18000003692		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
C	hristina Pettys		
		Name of Contact Person	on
Р	ettys Tax & Accounting Inc		
_		Firm/ Company	
8	406 Panama City Beach Pky		
_		Address	
P	anama City Beach, FL 3240		
_		City/ State and Zip Co	de
potivets	ıx@gmail.com		
————		sed for future annual repo	d notification)
	L-man address. (to be di	sed for future annual repor	t nonneation)
For further information	concerning this matter, pleas	se call:	
Christina Pettys		850 at (230-6291
Name of	Contact Person		ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida De	partment 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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 lassee, FL 32314	Amdr Divis Cliffo 266	t Address Indirect Section Indirect Section In Of Corporations In Building Executive Center Circle Inhassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Magnolia Rehab Services Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P18000003692 (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: 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 (Florida street address) New Registered Office Address: (Zip Code) (City) 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 p Signature of New Registered Agent, if changing

address of each Officer (Attach additional sheets, Please note the officer/di. P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or D if necess rector titl President = Chief I r, Directo in the fo eves the c	rirector beary) The by the factor of the fa	eing added: irst letter of the office title: asurer; S= Secretary; D= Directo Officer. If an officer/director hole be PTD. canner. Currently John Doe is list n, Sally Smith is named the V and	r; TR= Tr ds more ti ed as the F	director being removed and title, name, and custee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is thould be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Sn	nith_		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change	P	_	Gary Gault	<u> </u>	
Add					
x Remove					
2) Change	p	_	Caitlin Gault-Calloway		8404 Surf Drive
x Add					Panama City Beach, FL 32407
Remove					
3) Change		_		,	
Add					
Remove					
4) Change		-			
Add					
Remove					
5) Change		_		 	
Add					
Remove					
6) Change		_			
Add					
Remove				1	

(Attach additional sheets, if necessary). (Be specific)	
77	
·	
If an amendment provides for an exchange, reclassification, or provisions for implementing the amendment if not contained i (if not applicable, indicate N/A)	
riginal document indicated incorrect shareholder	

The date of each amendment date this document was signed.			, if other than the
rate this document was signed.	01/16/18		*
Effective date <u>if applicable</u> :	. 		
	(no more than 90 days	after amendment file date)	
	this block does not meet the applicable some Department of State's records.	tatutory filing requirements, this date w	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number sufficient for approval.	er of votes cast for the amendment(s)	
	e approved by the shareholders through v d for each voting group entitled to vote se		
"The number of votes	cast for the amendment(s) was/were suffi	cient for approval	
by	(voting group)	,,	
	(voting group)		
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors witho	ut shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without sh	areholder action and shareholder	
01/16/	18		
Dated	autho Soult.	fallowan_	
Signature(B	y a director, president or other officer - it	directors or officers have not been	
	lected, by an incorporator - if in the hand	s of a receiver, trustee, or other court	
ар	ppointed fiduciary by that fiduciary)		
	Caitlin Gault - Calloway		
	(Typed or printed name	of person signing)	
	President		
	(Title of pers	son signing)	