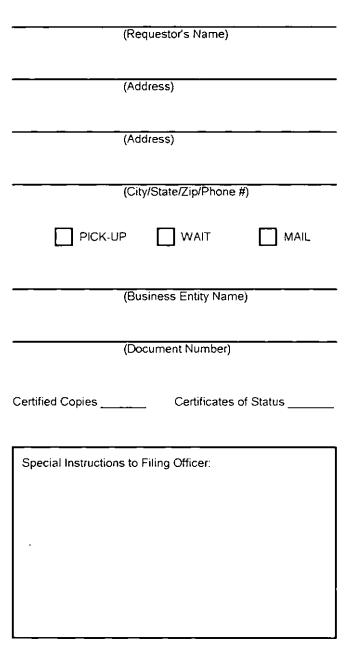
## P18000008220



Office Use Only





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2019 MAR 18 PH 6: 02

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C. GOLDEN MAR 2 6 2019

## COVER LETTER

TO: Amendment Section Division of Corporations

Amendment Section

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

NAME OF CORPOR	RATION: SEMINOLE CARI	E & REHAB CENTER INC	<u> </u>	
	BER: P18000008220			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	MARIA P ROMERO			
		Name of Contact Person	1	
	Seminole (		hab Conter INC Waters Ave Suite 20	
		3102 W	Waters Ave Sule 20	ح
		Tangoa, F	EL ,33614	
		City/ Sta <b>f</b> e and Zip Cod	e	
	Heral address: (to be us	othok.co	notification)	
For further informatio	n concerning this matter, pleas	se cali:		
Alexis Name	of Contact Person	at ( <u>813</u> Area Co	953 - 8189 de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street	Address	

Amendment Section

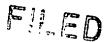
Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

## Articles of Amendment to Articles of Incorporation of



SEMINOLE CARE & REHAB CENTER INC

E11 ED 2019 HAR 18 PH 6: 02

(Name of Corporation as currently filed with the Florida Dept. of State)
P18000008220
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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
3102 W Waters Ave, Suite 202  (Florida street address)  New Registered Office Address: TAMPA
New Registered Agent's Signature, if changing Registered Agent:  Thereby 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: XChange	PT Jol	<u>hn Doe</u>		
X Remove	<u>V</u> <u>Mi</u>	Mike Jones		
X Add	<u>SV</u> <u>Sa</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	MARIA P ROMERO	3325 CEDAR CREST LOOP	
Add			SPRING HILL, FL 34609	
X Remove				
2+ Change	P	ALEXIS DEL SOL	3325 CEDAR CREST LOOP	
X Add			SPRING HILL, FL 34609	
Remove				
3) Change				
Add				
Remove			P	
4) Change		-		
Add				
Remove				
5) Change				
Add				
Remove				
6)Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	<del> </del>
If an amandment provider for an arch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
, <u> </u>	
	<u></u>

The date of each amendment(s):	adoption:	, if other than the
date this document was signed.	•	
Effective date <u>if applicable</u> :		· · · · · · · · · · · · · · · · · · ·
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, separtment of State's records.	this date will not be fisted as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amend sufficient for approval.	lment(s)
	oproved by the shareholders through voting groups. The following some each voting group entitled to vote separately on the amendment(s	
"The number of votes cas	it for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shar	reholder
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and sharehol	der
03/11/201 Dated		
Signature	Mona Paula Rome	
(By a select	director, president or other officer – if directors or officers have not ed, by an incorporator – if in the hands of a receiver, trustee, or other tiduciary by that fiduciary)	
	MARIA P ROMERO	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	