

From: Danielle Sonntag
5/10/23, 11:06 AM

Fax: 18132510715

To:

Fax: (850) 617-6380

Page 1 of 1

5/10/2023 11:15 AM

Division of Corporations

H230001743843

P 19 000060338

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000174384 3)))



H230001743843ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LIESER SKAFF ALEXANDER, PLLC
Account Number : I20150000057
Phone : (813)280-1256
Fax Number : (813)251-8715

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Sbaptiste@5starcare.com

FILED
TALLAHASSEE, FL
2023 MAY 10 AM 8:35

FILED

COR AMND/RESTATE/CORRECT OR O/D RESIGN
5 STAR CARES INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

2023 MAY 10 PM 12:02

Electronic Filing Menu

Corporate Filing Menu

Help

H230001743843

H230001743843

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 5 STAR CARES INC.

DOCUMENT NUMBER: P19000060338

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

Please return all correspondence concerning this matter to the following:

Gihada Skaff

Name of Contact Person

Lieser Skaff Alexander, PLLC

Firm/ Company

403 North Howard Ave

Address

Tampa, FL 33606

City/ State and Zip Code

sbaptiste@5starcare.com

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

For further information concerning this matter, please call:

Gihada Skaff

at (813)

280-1256

Name of Contact Person

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2023 MAY 10 AM 8:35
TALLAHASSEE, FL

H230001743843

11230001743843

Articles of Amendment
to
Articles of Incorporation
of

5 STAR CARES INC.

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

P19000060338

(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

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)(c), F.S.

11230001743843

11230001743843

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

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change	VST	William E. Holland	1101 Ray Charles Blvd
<u> </u> Add			Unit 1505
<u> </u> Remove			Tampa, FL 33602
2) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
3) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
4) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

FILED
2023 MAY 10 AM 8:35
CLERK OF DISTRICT COURT
TAMPA, FLORIDA

11230001743843

(Attach additional sheets, if necessary). (Be specific)

2023 MAY 10 AM 1
SECURITY OF
TALLAHASSEE

2023 MAY 10 AM 8:35
STATE
TALLAHASSEE, FL

ד
ה
ו
ז
ח

[illegible]

May 8, 2023

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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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)

Dated 5/10/2023

DocuSigned by:
Signature Samuel Baptiste
By _____, 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)

Samuel Baptiste

(Typed or printed name of person signing)

President

(Title of person signing)

FILED
2023 MAY 10 AM 8:35
SEC. OF STATE
TALLAHASSEE, FL