P190000 80061

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Cor	porations			
NAME OF CORPO	RATION: SUNRISE INSTIT	TUTE, INC.		20 Jan 27 PX 1.18
	BER: P19000080061			2 3
				2
The enclosed Afficie.	s of Amendment and fee are su	ibmitted for filing.		
Please return all corre	espondence concerning this ma	itter to the following:		6 1
	LODOISKA GARCIA			
		Name of Contact Perso	n	
	SUNRISE INSTITUTE, INC			
	, , , , , , , , , , , , , , , , ,	Firm/ Company	······································	
	12171 SW 268 ST			
		Address		
	HOMESTEAD, FL 33032			
		City/ State and Zip Cod	e	
	lgarcia@americancare.net			
		sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
LODOISKA GARCI	A	at (278-0200	
Name of Contact Person		Area Co	de & Daytime Telephone Number	 ·
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	☐S43.75 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)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Articles of Amendment to Articles of Incorporation of

SUNRISE INSTITUTE INC.

action was not required.

SUNKISE INSTITUTE, INC.		
(Name of Corporation a	as currently filed with the Florida Dept. of State)	~ , ~ ;
P19000080061		فرني بسر
(Document	Number of Corporation (if known)	75
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the follo	owing amentine
A. If amending name, enter the new name of the corpo	oration:	
AMERICAN CARE INSTITUTE, INC.		The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviati	"Co". A professional corporation name must co	iation "Corp"
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRE.</u>	<u></u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered offic		
N/A	ee address.	
Name of New Registered Agent		
		**
,	(Florida street address)	
New Registered Office Address:	, Florida	
	(City)	Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: I familiar with and accept the obligations of the position	on.
Communi	of New Registered Agent, if changing	
Signature	oj ivew Registerea Agent, ij changing	
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0	0120 (11) (e) F.S.	

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	_ .		
Add			
Remove			
6) Change			
Add			
Remove			

•	cles, enter change(s) h (Be specific)	<u></u> -		
I/A				
				
				
··				
			<u> </u>	
		<u> </u>		
			·	
		 		
			_	
		··· —		
If an amendment provides for an excha	inge, reclassification,	or cancellation of i	ssued shares,	
provisions for implementing the amen (if not applicable, indicate N/A)	ument ii not containt	o in the amendmen	<u>nt itseir:</u>	
Α				
• •				
				
<u> </u>				
		-1 2		

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The date of each amendment(s) adoption:	1/1/2020	, if other than the
date this document was signed.		
Effective date if applicable:		
(no n	nore than 90 days after amendment file date)	
Note: If the date inserted in this block does not mee document's effective date on the Department of State's	et the applicable statutory filing requirements, this date s records.	will not be listed as the
Adoption of Amendment(s) (CHECK (ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for approva	nolders. The number of votes cast for the amendment(s) ral.	
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group	cholders through voting groups. The following statement entitled to vote separately on the amendment(s):	r
"The number of votes east for the amendment	t(s) was/were sufficient for approval	
by		
(voting gro	пир)	
Signature(By a director, president or	r other officer – if directors or officers have not been	
selected, by an incorporate appointed fiduciary by that	or – if in the hands of a receiver, trustee, or other court at fiduciary)	
	or printed name of person signing)	
(Typed	or printed name of person signing)	
	SECVETZY	
(Title of	f person signing)	