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.

(((H21000230926 3)))



H210002309263ABCZ

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

2	10:	
		Division of Corporations
9		Fax Number : (850)617-6380
X	From:	·
		Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
		Account Number : I20000000019
_		Phone : (305)552-5973
KUZI JUN	:	Fax Number : (305)675-5944
170	27.2	
7		the email address for this business entity to be used for f
	ann	nual report mailings. Enter only one email address please.*

2021 JUN 11 AM 8: e used for future ⋤

COR AMND/RESTATE/CORRECT OR O/D RESIGN SUNVITAL HEALTH CARE CENTER CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Email Address:

Articles of Amendment

to

Articles of Incorporation

of

SUNDITAC HEALTH CARE CENTETE COR)	·
Florida Document Number: P19000091193	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation following amendment(s) to its Articles of Incorporation:	adopts the
CHANGE ALL Address To	
7949 NW ZST MiAMI FC	3312G
	
	
. 106 1	
These articles of amendment were adopted on	
The corporation has only one group of voting stock. This amendment was approved by the shar sholders an votes cast for amendment was sufficient for approval.	d the number of
LPD E	· 20
YOU SANTAND RESIDENT	NOT 1885
Printed Name and Title	
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.	<i>(</i> ා

Signature of New Registered Agent, if changing