P20 0000 70108

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(Re	questor's Name)	
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(Ad-	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
ertified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

): Amendment Section Division of Corporations

AME OF CORPO	DRATION: LAKE ARE PHYS	ICAL THERAPY CRESC	ENT CITY, INC.
	MBER: P20000070108		
	es of Amendment and fee are su	bmitted for filing.	
ease return all cor	respondence concerning this ma	tter to the following:	
	LAURA S HODGES		
		Name of Contact Person	n
	LAKE AREA PHYSICAL T	HERAPY	
	 	Firm/ Company	
	PO BOX 1099		
		Address	
	MELROSE, FL. 32666		
		City/ State and Zip Cod	e
	LHODGES290@GMAIL.CO	OM .	
	E-mail address: (to be us	sed for future annual report	notification)
or further information	ion concerning this matter, pleas	se call:	562-2930
Nam	e of Contact Person		de & Daytime Telephone Number
nclosed is a check	for the following amount made		,
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P.	mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Division The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

AKE ARE PHYSICAL THERAPY CRESCENT CITY, INC.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation	on as currently filed with the F	lorida Dept. of State)	
90000070108			
(Docum	ent Number of Corporation (if k	nown)	
arsuant to the provisions of section 607.1006, Florida Articles of Incorporation:	Statutes, this Florida Profit Con	rporation adopts the following	amendment(s) to
. If amending name, enter the new name of the co	rporation:		
AKE AREA PHYSICAL THERAPY CRESCENT C	CITY, INC.		The new
ame must be distinguishable and contain the word "co Inc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbre	or "Co". A professional con		
Enter new principal office address, if applicable			
Principal office address <u>MUST BE A STREET ADD</u>	<u></u>	710	, , ,,,
Enter new mailing address if applicables			· ·
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X</u>)		<u></u>
			بب
			<u> </u>
75 V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.0011 Fl. (1		
. If amending the registered agent and/or register new registered agent and/or the new registered of		iter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Co	ode)
ew Registered Agent's Signature, if changing Reg	istered Agent:		
hereby accept the appointment as registered agent.	I am familiar with and accept the	e obligations of the position.	
Signa	ture of New Registered Agent, ij	changing	

mending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and tress of each Officer and/or Director being added:

'ach additional sheets, if necessary)

ample:

ase note the officer/director title by the first letter of the office title:

= President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief recutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. sident, Treasurer, Director would be PTD.

anges 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 hange, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, ke Jones, V as Remove, and Sally Smith, SV as an Add.

_Cnange	<u>P1</u>	John Doe	
Remove	<u>v</u>	Mike Jones	
Add	<u>sv</u>	Sally Smith	
pe of Action heck One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change			
Add			
Remove			
Change			
Add			
Remove) Change			
Add			
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amending or adding additional Arti ttach additional sheets, if necessary).	(Re precific)
acti additional sneets, if necessary).	(De specific)
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·	
an amendment provides for an exch	nange, 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)	
	
	
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• •	09/01/2020	
date of each amendment(s) adoption:	, if other than
this document was signed.		
tive date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	s block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as
otion of Amendment(s)	(CHECK ONE)	
ne amendment(s) was/were tion was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
ne amendment(s) was/were y the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmes sufficient for approval.	ent(s)
nust be separately provided	approved by the shareholders through voting groups. The following sta for each voting group entitled to vote separately on the amendment(s): ast for the amendment(s) was/were sufficient for approval	tement
	"	
by	(voting group)	
SEPTEN	MBER 18, 2020	
Dated		
	2 1/1	
Signature	a director, president or other officer – if directors or officers have not be	
	cted, by an incorporator — if in the hands of a receiver, trustee, or other	
	pinted fiduciary by that fiduciary)	
	LAURA S HODGES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	