

P20 000070108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

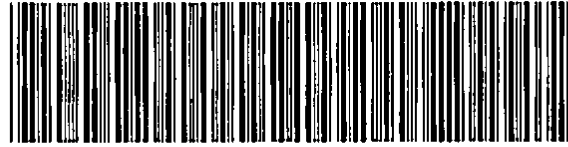
(Business Entity Name)

(Document Number)

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COVER LETTER

Department of: Amendment Section
Division of Corporations

NAME OF CORPORATION: LAKE AREA PHYSICAL THERAPY CRESCENT CITY, INC.

DOCUMENT NUMBER: P20000070108

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

Please return all correspondence concerning this matter to the following:

LAURA S HODGES

Name of Contact Person

LAKE AREA PHYSICAL THERAPY

Firm/ Company

PO BOX 1099

Address

MELROSE, FL. 32666

City/ State and Zip Code

LHODGES290@GMAIL.COM

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

For further information concerning this matter, please call:

DOUG REDDISH

at (352)

562-2930

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

Articles of Amendment
to
Articles of Incorporation
of

AKE ARE PHYSICAL THERAPY CRESCENT CITY, INC.

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

90000070108

(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:

1. If amending name, enter the new name of the corporation:

AKE AREA PHYSICAL THERAPY CRESCENT CITY, INC.

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."

2. Enter new principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS

2027

3. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

613:23

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 (11) (e), F.S.

Remove

[illegible][illegible]

09/01/2020

date of each amendment(s) adoption: _____, if other than the
this document was signed.

effective date if applicable: _____
(no more than 90 days after amendment file date)

.: 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.

ption of Amendment(s) (CHECK ONE)

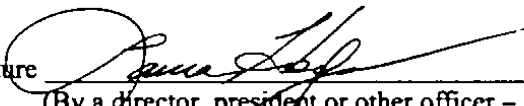
he amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder
action was not required.

he 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.

he 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)

SEPTEMBER 18, 2020
Dated _____

Signature 
(By a director, 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)

LAURA S HODGES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)