(((H20000383016 3)))



H200003830163ABCX

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

	To:			
	Division of	Division of Corporations		
	Fax Number	: (850)617-6380	2020 NO	
	From:		: 7₹6	
<u>۔۔</u> ۔	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	•	
_:	Account Numb	er : I20000 <del>00</del> 0019		
ŝ	Phone	: (305)552-5973	ion f	
	Fax Number	: (305)675-5944	## ## F	
С <u>.                                    </u>			for future	
- ;	**Enter the email a	ddress for this business entity to be used		
· '	annual report	mailings. Enter only one email address plea	ise.** 711 🗜	
·	Email Address			
(S)	EMULI NOW ESS	<del></del>		
2020				

## COR AMND/RESTATE/CORRECT OR O/D RESIGN CARE PLUS SUPPLIES CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help



## Articles of Amendment to Articles of Incorporation of

CARE PLUS SUPPLIES CORP	
Florida Document Number: P20000081223	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Co following amendment(s) to its Articles of Incorporation:	orporation adopts the
Change in address: Suite number was incorrect	
Corrected address is: CARE PLUS SUPPLIES CORP	
Change all address to 10211 w Sample Road, Ste 214	
Coral Springs, FL 33065-3988	2020
	70
	\$ \$ m
	: 1)
These articles of amendment were adopted on 10/22/2020	
The corporation has only one group of voting stock. This amendment was approved by the shu votes cast for amendment was sufficient for approval.	reholders and the number of
Osignature Principal Capinoza	-
ELIZABETH ESPINOZA (P) 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.

Signature of New Registered Agent, if changing