

P98 0000 95840

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 922-4000

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
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FILED
01 MAR - 1 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
01 MAR - 1 AM 10:02
DIVISION OF CORPORATIONS

BASIC AMENDMENT

SOLUTIONS WELLNESS CENTER CORP.

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

NC + AMEND
ARC
3-1
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2/26/10 9:02 PM



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 27, 2001

SOLUTIONS WELLNESS CENTER CORP. ***CORRECTED***
13363 SW 42 ST
MIAMI, FL 33175

SUBJECT: SOLUTIONS WELLNESS CENTER CORP.
REF: P98000095840

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE TAKE THE COMMA OUT OF THE CORPORATE NAME.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6880.

Karen Gibson
Corporate Specialist

FAX Aud. #: E01000021164
Letter Number: 301A00012332

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
SOLUTIONS WELLNESS CENTER CORP.**

Pursuant to the provisions of Chapter 607, Florida Statutes, the undersigned Corporation adopts the following Articles of Amendment to its Articles of Incorporation, filed 02/23/01.

FILED
MAR - 1 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The Name of the Corporation is changed to:

SANTOVENIA ADULT DAY CARE INC.

SECOND: The address is change to: 13359 Bird Road
Miami, Florida 33175

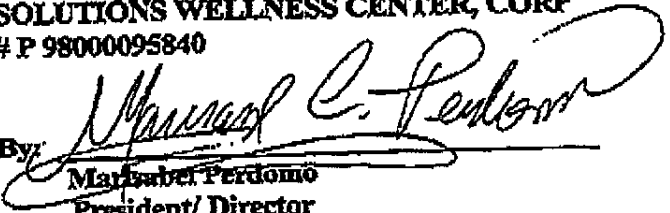
THIRD: The Registered Agent name is change to: **ERIKA RUIZ**
13359 Bird Road
Miami, Fla 33175
"Certificate Designated Registered Agent"
incorporated and made a part hereof

FOURTH: The Amendment was adopted by the Board of Directors on the 23rd day of February 2001.

FIFTH: No stock has yet been issued in the Corporation.

Dated: February 23, 2001.

**SOLUTIONS WELLNESS CENTER, CORP
P 98000095840**

By: 
**Mariabel Perdomo
President/ Director**

Prepared by: **Josephine Guzman CEA**
1800 SW 1 Street # 208
Miami, Florida 33135
Tel: (305) 644-8822
Fax: (305) 541-0471

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**CERTIFICATE FOR DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the Provisions of Section 607, Florida Statutes, the undersigned Corporation, organized under the Laws of the State of Florida, submits the following statement in designating the Registered Agent, in the State Of Florida.

1. Name of the Corporation is:

SANTOVENIA ADULT DAY CARE INC.

2. The Name and Address of the Registered Agent Office is:

ERIKA RUIZ

(Name)

13359 Bird Road

(P.O. Box or Mail Drop NOT Acceptable)

Miami, Florida 33175

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent to act in this capacity. I further, agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties. I am familiar with and accept the obligations of my position as Registered Agent.



(Signature)

03/01/01

(Date)

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