

P99 0000 12456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

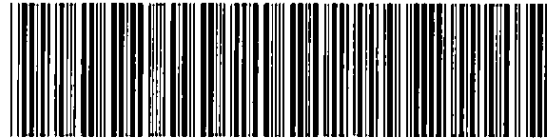
Certificates of Status _____

Special Instructions to Filing Officer:

Correction in entity name
per customer on 3/23/20
per scanned document; corrected
by hand.

8

Office Use Only



800340760288 ✓

02/14/20--01012--025 **43.75

S TALLENT
MAR 23 2020

2020 MAR 23 PM 12:09

Amend
N/C



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2020

CHELSEA PASTERNAK
FRAN'S ELDERLY CARE, INC.
1309 ALCORN ROAD
PORT ORANGE, FL 32129

SUBJECT: FRAN'S ELDERLY CARE, INC.
Ref. Number: P99000012456

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L16000123456-FEC LOGISTICS, LLC.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 220A00005265

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FRAN'S ELDERLY CARE INC. (F.E.C. LOGISTICS INC.)
DOCUMENT NUMBER: P99000012456

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

Please return all correspondence concerning this matter to the following:

CHELSEA PASTERNAK
Name of Contact Person
FRAN'S ELDERLY CARE INC. /F.E.C. LOGISTICS INC.
Firm/ Company
1309 ALCORN ROAD
Address
PORT ORANGE, FL 32129
City/ State and Zip Code
CHELSEA@FRANSELDERLYCAREFL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHELSEA PASTERNAK at (407) 906-9929
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:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FRAN'S ELDERLY CARE, INC.

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

P99 000012456

(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:

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

F.E.C. FL 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."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

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C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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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 Chelsea Pasternak

1309 Alcorn Rd.

(Florida street address)

New Registered Office Address: Port Orange, Florida 32129

(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) (c), F.S.

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

(Attach additional sheets, if necessary)

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

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

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

Example:

☒ Change PT John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	Francesca Milano	5940 Boggsford Rd.
<input type="checkbox"/> Add			Port Orange, FL, 32127
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	V	Dominick Milano	5940 Boggsford Rd.
<input type="checkbox"/> Add			Port Orange, FL, 32127
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	PD	Chelsea Pasternak	1309 Acorn Rd.
<input checked="" type="checkbox"/> Add			Port Orange, FL, 32129
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	V	Michael Monaco	1309 Acorn Rd.
<input checked="" type="checkbox"/> Add			Port Orange, FL, 32129
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

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(if not applicable, indicate N/A)

02/01/2020

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

02/10/2020

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

Note: 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.

Adoption of Amendment(s) (CHECK ONE)

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

☐ The 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.

☐ The 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)

Dated 2-10-2020

Signature _____ President

(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)

Chelsea Pasternak

(Typed or printed name of person signing)

President

(Title of person signing)