

V33851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2020 APR 20 PM 2:53

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Amend

APR 30 2020
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KENT HEALTH SYSTEMS, INC.

DOCUMENT NUMBER: V33851

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

Please return all correspondence concerning this matter to the following:

ASTRID DE PARRY, ESQUIRE

Name of Contact Person

ASTRID DE PARRY, P.A.

Firm/ Company

107 EAST CHURCH STREET

Address

DELAND, FL 32724

City/ State and Zip Code

email@delandattorney.com

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

For further information concerning this matter, please call:

ASTRID DE PARRY, ESQUIRE

Name of Contact Person

at (386)

736-1223

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

Astrid de Parry, Esquire*
Alyson G. Morelli, Esquire

ASTRID DE PARRY, P.A.

www.delandattorney.com
email@delandattorney.com

107 East Church Street
DeLand, FL 32724

Phone: 386-736-1223

Fax: 386-736-1022

April 17, 2020

Florida Department of State
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Via Federal Express Priority Overnight
Tracking # 7702 6071 9151

Re: Kent Health Systems, Inc.
Document No. V33851
Our File No. 12125.001

DCK, LLC
Document No. L19000111565
Our File No. 12125.001

Dear Sir or Madam:

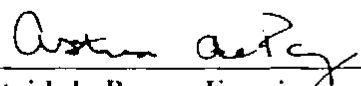
Enclosed please find Articles of Amendment to Articles of Incorporation of Kent Health Systems, Inc., Articles of Amendment to Articles of Organization of DCK, LLC and my firm's check in the amount of \$60.00 payable to the Florida Department of State to cover the filing fees for same in the amounts of \$35.00 and \$25.00, respectively.

Kindly forward a letter of acknowledgment once the Amendments have been filed.

Thank you for your courtesies in this regard. Please do not hesitate to call me if you have any questions concerning the foregoing.

ASTRID DE PARRY, P.A.

By:


Astrid de Parry, Esquire

AdP/tg
Enclosures
cc: David C. Kent

T:\WP Docs\Kent, David\Correspondence\Others\Ltr to FL Dept of State enclosing Articles of Amendment for filing.wpd

Articles of Amendment
to
Articles of Incorporation
of

KENT HEALTH SYSTEMS, INC.

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

V33851

(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:

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)

1882 MARYSVILLE DRIVE

DELTONA, FL 32725

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2578 ENTERPRISE ROAD

BOX 345

ORANGE CITY, FL 32763

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 ASTRID DE PARRY, P.A.

107 EAST CHURCH STREET

(Florida street address)

New Registered Office Address: DELAND, Florida 32724
(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.

Astrid de Parry, P.A. by Astrid de Parry
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, an 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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E. If amending or adding additional Articles, enter change(s) here.
(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

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

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 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.

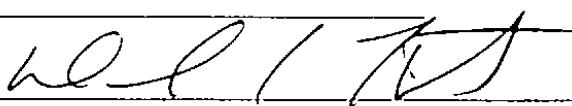
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

Dated APRIL 17, 2020

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)

DAVID C. KENT

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)