N05000008663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2006 AUG 17 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 317399 7546593

AUTHORIZATION :

COST LIMIT : $ PPD

ORDER DATE : August 17, 2006

ORDER TIME : 9:53 AM

ORDER NO. : 317399-005

CUSTOMER NO: 7546593

DOMESTIC AMENDMENT FILING

NAME: ST. FRANCIS RECOVERY HOUSE, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris -- EXT# 2937

EXAMINER'S INITIALS: _____

LAW OFFICES OF
PATRICIA R. VOSS, P.A.

PATRICIA R. VOSS, ESQ.
LLM ESTATE PLANNING
E-MAIL: PVOSS@VOSS-LAW.COM

OF COUNSEL:

JAMES I RIDLEY, ESQ.
LLM TAXATION
BOARD CERTIFIED: WILLS, TRUSTS & ESTATES
E-MAIL: JRIDLEY@VOSS-LAW.COM

THEODORE H. FULTON, JR., ESQ.
BOARD CERTIFIED: WILLS, TRUSTS & ESTATES
E-MAIL: TFULTON@VOSS-LAW.COM

July 25, 2006

Division of Corporations
Amendment Section
2661 Executive Center Circle
Tallahassee, Florida32301

Re: St. Francis Recovery House, Inc.
Name Change

To Whom It May Concern:

Pursuant to changing the name of the above-named corporation enclosed please find the following documents:

1. Division of Corporations' "Cover Letter"
2. Articles of Amendment (2 pages)
3. Check in the amount of $52.50 representing our filing fee and the addition fees for a certified copy of the Articles and a Certificate of Status
4. Self-addressed stamped envelope

Should you require any additional information, please feel free to e-mail or call me.

Sincerely,

Patricia R. Voss

Patricia R. Voss, Esq.

PRV/ssp
cc: Michael V. Massari
Enc.: Originals of items 1-4, above

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ST. FRANCIS RECOVERY HOUSE, INC.

DOCUMENT NUMBER: N05000008663

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

Please return all correspondence concerning this matter to the following:

MICHAEL V. MASSARI
(Name of Contact Person)

ST. FRANCIS RECOVERY HOUSE INC
(Firm/ Company)

20 N.E. FIRST AVENUE
(Address)

DANIA, FLORIDA 33004
(City/ State and Zip Code)

For further information concerning this matter, please call:

MICHAEL V. MASSARI at (954) 224-7551
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
2006 AUG 17 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ST FRANCIS RECOVERY HOUSE, INC.
(Name of corporation as currently filed with the Florida Dept. of State)

N05000008643
(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

ST. FRANCIS COMMUNITY, INC.
(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

N/A

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: JULY 1, 2006

Effective date if applicable: JULY 1, 2006
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.

☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature _____
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

MICHAEL V. MASSARI
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: $35