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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATIO		IMENT AND SEN	IOR SERVICE	ES, INC.
DOCUMENT NUMBER: _	N11000001806			
				<u> </u>
The enclosed Articles of Ame.	ndment and fee are submi	itted for filing.		
Please return all corresponden	ce concerning this matter	to the following:		
		Agnes Chau		
	(Name of Contact Pe	erson)	
	Lav	v Offices of Agnes (Chau, P.A.	
		(Firm/ Company	?)	
	5	114 W. Colonial Di	rive	
		(Address)		
		Orlando, Fl. 32808	3	
	(1	City/ State and Zip (Code)	
	amc(@agneschaulawfirm	ı.com	
E-1	nail address: (to be used t	or future annual rep	ort notification	n)
For further information conce	ming this matter, please c	all:		
Agnes Chau		at	(407)	648-0880
(;	Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fol	lowing amount made pay	able to the Florida I	Department of	State:
■ \$35 Fifting Fee	□\$43.75 Filing Fee & C Certificate of Status	343.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Ac	dress		reet Address	

Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

YOUTH ENRICHMENT AND SENIOR SERVICES, INC.

TOUTHENRICH	HENT AND SERIOR SERV.	ICES, INC.
(Name of Corporation as cur	rently filed with the Florid:	Dept. of State)
	N11000001806	
(Document N	imber of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006. Florida Statemendment(s) to its Articles of Incorporation:	tutes, this Florida Not For F	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated" e	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRE	ec ,	
Trincipal office dadress MOST DE ASTRICT ADDRE	<u></u> ,	
C. Enter new mailing address, if applicable:		! :=
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		ر.
). If amending the registered agent and/or registered of	office address in Florida, en	ter the name of the
new registered agent and/or the new registered office		
Name of New Registered Agent:		
The transfer of the transfer o	,	
	(Allower	a street address)
New Registered Office Address:	(1.104.16	n weet namess)
	(Citv)	, Florida (Zip Code)
	•	(vil) systey
New Registered Agent's Signature, if changing Register		ar a car or
hereby accept the appointment as registered agent. I an	jamuiar wun ana accept the	oragations of the position.
	Signature of New Registere	d Agant if changing
	- aignature of New Registere	а луст, и спануту

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: X Change X Remove X Add	PT John V Mike SV Sally	Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Treasurer	Bang, Wai Sau Mok	5114 W. Colonial Drive
Add			Orlando, FL 32808
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art	icles, enter change(s) here:		
(attach additional sheets, if necessary)	(Be specific)		
7.5			
			
			<u>. </u>
"			·
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	date of each amend		, if other than the
date	this document was s	gned.	
Eff	ective date <u>if applica</u>	ble:	
		(no more than 90 days after amendment file date)	
		I in this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records.	ot be listed as the
Ad	option of Amendmer	ot(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
	There are no member adopted by the boar	ers or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
	Dated _	May 1, 2018	
	Signature _	Viisles	
	1	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)	
		Agnes Chau	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	