## N/30000/02/62

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200260143632

none Charge

05/14/14--01006--001 \*\*43.75

DEPARTMENT OF STATE



5 14 14

## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: COUNCIL On Senior Housing, Inc.
DOCUMENT NUMBER: N 1300010262
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
M. Dillon Russell (Name of Contact Person)
(Name of Contact Person)
Council On Senior Housing, Inc. (Firm/Company)
(Firm/ Company)
4938 S.E. Major Way
(Addiess)
Stuart, FL 34997
(City/ State and Zip Code)
Dillon Russell & Embargmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
M. Dillon Russell, Pres. at (850, 668-5000 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

Judy, please Call Dillon @ 850-668-5000 when Lomplete or if you have any questions. Thank you, you're the best!

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" of "incorporated "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

(Florida street address)

(City) (Zip Code)

Florida

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

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 <math>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 Do V Mike Jo SV Sally Sn	<u>nes</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		<u> </u>	
Add			
Remove		. / / A	
2) Change		MIA	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessar	y). (Be specif	fic)			
	Ŋ	J/A			
		<u> </u>			
			<del></del>		
· · · · · · · · · · · · · · · · · · ·					
				· · · · · · · · · · · · · · · · · · ·	
				···	
		<del>.</del>	<del></del>		
			•		
				· ·	
				<del></del>	,
			<del></del>		

The date of each amendment(s) adoption the date this document was signed.	5/9/2014	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ador was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)	
There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) was/were	
have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	<del></del>
_	Dillon RUSSell Typed or printed name of person signing)  Tresident  (Title of person signing)	