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## COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: The Haley Center, INC	1 24 11: 14
DOCUMENT NUMBER:/\/	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DOWNA ARMES (Name of Contact Person)	
The Haley Conter INC (Firm/Company)	
122 W. Central Avenue	
WINTER HOVEN F1 33880 (City/ State and Zip Code)	_
haley Clwfer a gmail. Com E-mail address: (to be used for future annual report notification)	_ <del></del>
For further information concerning this matter, please call:	
DONNA ARMS (Name of Contact Person)  at 863 299 656 (Area Code) (Daytime Telephone Number)	<u>6</u> 2
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee  \$\Begin{array}{c} \Begin{array}{c} \Begin	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## Articles of Amendment

to

	Articles of Incorporation	
T $U$	of —	
he Haley e	vter INC	7
1 / .	currently filed with the Flori	ida Dept. of State)
N 180000039	726	
(Documen	t Number of Corporation (if kr	iown)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation;	Statutes, this Florida Not For	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "c	orporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADD</u>	ORESS )	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u>X</u> )	
	<del> </del>	
D. If amending the registered agent and/or register	ed office address in Florida.	enter the name of the
new registered agent and/or the new registered		
Name of New Registered Agent:		
THE TOTAL OF THE PARTY OF THE P	***	
****	ASI.	orida street address)
New Registered Office Address:	17.10	rius weer busiessy
		<b></b>
<del></del>	(City)	, Florida (Zip Code)
	, <sub>1</sub> , ,	y c.m.c,
New Registered Agent's Signature, if changing Reg		the abligations of the modified
I hereby accept the appointment as registered agent.	1 ат јатина <i>г wин апа ассер</i> т	me oragauons of the position.
	Signature of New Regist	ered Avent, if chanving
	manufacture of the train of the property	and the control of th

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	V Mik	n <u>Doe</u> te <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove		Clifford Threl	Keld 122 West Central Avenue Winter Hoven F/ 33880
2) Change Add Remove	T	,	122 West Central Durnue WINTER HAVEN Fl 33880
3 ) Change Add Remove	<u> </u>	John Scheck	122 West Control Avenue Winten Hoven FL 33880
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

Famending or adding additional Artitiach additional sheets, if necessary).	(Be specific)
<del> </del>	
	<del>-</del>

The date of each amendment(s) adoption: 9/27/20/8 if date this document was signed.	other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	sted as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sulficient for approval.	
☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 9/27/2018	
Signature  (By the chairman of 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)	
Cl, F- CoRd ThRe   Ke   d (Typed or printed name of person signing)	
Chair man (Title of person signing)	