

PO2000114106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

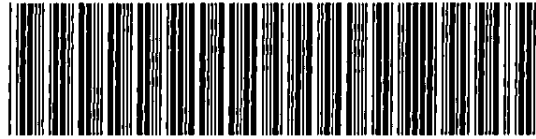
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status

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*Amend
News*

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06 JUL 12 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/14/06--01003--011 **39.00

07/14/06--01003--011 **8.75

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JACKSONVILLE ADULT DAY CARE, INC.
(Name of Corporation)

DOCUMENT NUMBER: PO2000114106

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

MARTHA NELL HARTLEY
(Name of Contact Person)

JACKSONVILLE ADULT DAY CARE, INC.
(Firm/Company)

1500 ROWE AVENUE/ JACKSONVILLE, FL. 32208
(Address)

JACKSONVILLE, FL. 32208
(City/State and Zip Code)

For further information concerning this matter, please call:

MARTHA N. HARTLEY at (904) 766-3422
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

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

FLORIDA DEPARTMENT OF THE STATE
DIVISION OF CORPORATIONS
MS. THELMA LEWIS, Document Specialist Supervisor
Re:Letter Number 206A00021614

SUBJECT: JACKSONVILLE ADULT DAY CARE, INC.
Ref. Number: PO2000114106

Ms. Thelma Lewis,

I received a letter from the state on 07/07/06 stating that Gail Love Varnedoe was still the registered agent for Jacksonville Adult Day Care, Inc. I sent Your office on March 22, 2006 a check for \$35.00 and my document for Jacksonville Adult Day Care, Inc. for a agent to be changed. In the pass James Barclay was the registered agent that resigned. Gail L. Varnedoe resigned on March 16, 2006 as the registered agent. Martha Nell Hartley is the new registered agent for Jacksonville Adult Day Care, Inc.

I am returning the \$35.00 and the enclosed forms back to you to be processed as soon as possible . I am new at this and it was an oversight on my part to not have sent the two forms back to you. I am truly sorry.

Thank you,


Martha Nell Hartley, Director

Date: 07-08- 2006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2006

JACKSONVILLE ADULT DAY CARE, INC.
1500 ROWE AVENUE
JACKSONVILLE, FL 32208

SUBJECT: JACKSONVILLE ADULT DAY CARE, INC.
Ref. Number: P02000114106

We have received your document for JACKSONVILLE ADULT DAY CARE, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

Our records do not list James M. Barclay as the current registered agent, therefore, no resignation is required to be filed.

We are enclosing a computer printout which reflects the current registered agent and registered office now on file with this office.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 206A00021614

*Check
returned*

FILED
06 JUL 12 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

JACKSONVILLE ADULT DAY CARE, INC.

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

PO2000114106

(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:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

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

1. Appointing Martha Nell Hartley as president and Director of Jacksonville Adult Day Care, Inc.
2. Removing Gail L. Varnedoe as Officer and Director of Jacksonville Adult Day Care, Inc.
3. Gail Love Varnedoe was removed as registered agent of Jacksonville Adult Day Care, Inc. Address: 9525 SIBBALD Rd. Jacksonville Fl. 32208
4. Adding Martha Nell Hartley as the new Registered Agent for Jacksonville, Adult Day Care, Inc. Address: 1500 Rowe Avenue Jacksonville, Fl. 32208
(Attach additional pages if necessary)

If an amendment provides for 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

(continued)

The date of each amendment(s) adoption: 03-16- 2006

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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

The amendment(s) was/were approved 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)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature Martha N. Hartley
(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)

MARTHA N hartley

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

FILING FEE: \$35

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JACKSONVILLE ADULT DAY CARE, INC.
2. The principal office address: 1500 ROWE AVENUE
JACKSONVILLE, FL. 32208
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03-16-2006 Document number: PO2000114106

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

GAIL LOVE VARNEDOE
9525 SIBBALD ROAD
JACKSONVILLE, FL. 32208

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARTHA NELL HARTLEY
1500 ROWE AVENUE
(P.O. Box NOT acceptable)
JACKSONVILLE, FL. 32208

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Martha Nell Hartley
(Signature of an officer or director)

MARTHA NELL HARTLEY, DIRECTOR
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Martha Nell Hartley
(Signature of Registered Agent)

03-16-2006
(Date)

If signing on behalf of an entity:

MARTHA NELL HARTLEY, DIRECTOR
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)