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COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

Kingsw	wood Manor Association Inc.	
704835 DOCUMENT NUMBER:		
The enclosed Articles of Amendment ar	nd fee are submitted for filing.	
Please return all correspondence concert	ning this matter to the following	#
Lori Erlacher		
 -	(Name of Contac	t Person)
Kingswood Manor Assocation Inc.		
 	(Firm/ Comp	pany)
PO Box 607383		
	(Address	;)
Orlando, FL 32860		
	(City/ State and 2	Zip Code)
Lori@am-sourcing.com		
E-mail addre	ess: (to be used for future annual	report notification)
For further information concerning this	matter, please call;	
Lori Erlacher		407-291-7078 _ at
(Name of C	'ontact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following an	nount made payable to the Flori	da Department of State:
	Filing Fee & \$\Bigsim \\$43.75 \text{ Filing I} \\ \text{certified Copy} \\ \text{(Additional copenclosed)}	Certificate of Status
Mailing Address Amendment Section		Street Address Amendment Section
	Amendment Section Amendment Section Division of Corporations Division of Corporations	
P.O. Box 6327		

2661 Executive Center Circle Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

Kingswood Manor Assocation Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 704835 (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" 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 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: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

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 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	<u>V</u> <u>Mik</u>	<u>i Doe</u> e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Pres.	Fran Carlton	PO Bpx 607383
X Add			Orlando, FL 32860
Remove			
2) X Change	VP	Russ Smedley	PO Box 607383
Add			Orlando, FL 32860
Remove	Treas.	Maria Tuzzeo	PO Box 607383
3) Change	- 		Orlando, FL 32860
X Remove			
4) Change	Treas	Digna Quiles	PO Box 607383
$\frac{X}{Add}$			Orlando, FL 32860
Remove			
5) Change	<u>VP</u>	Glenn Merithew	PO BOx 607383
Add			Orlando, FL 32860
X Remove			
6) Change	Secretar	Rebecca Schaff	PO Box 607383
X Add			Orlando, FL 32860
Remove			

. <u>If amending or addit</u> (attach additional she	ets, if necessary). (Be specific)	<u> </u>	
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	e date of each amendment(s) adoption:, if other than the e this document was signed.
	ective date if applicable:
	(no more than 90 days after amendment file date)
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the sument's effective date on the Department of State's records.
Λd	option of Amendment(s) (CHECK ONE)
X	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient 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.
	Signature Jan Co
	(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)
	Lori Erlacher
	(Typed or printed name of person signing)
	Registered Agent Agent T
	(Title of person signing)