

705727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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*Name Change
& Amend*

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2006 SEP 13 PM 3:19
SECRETARY OF STATE
DIVISION OF CORPORATIONS

*Doc
9/15/06*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 391469 4320946

AUTHORIZATION :

COST LIMIT : \$ 52.50 *check attached*

ORDER DATE : September 12, 2006

ORDER TIME : 9:28 AM

ORDER NO. : 391469-005

CUSTOMER NO: 4320946

DOMESTIC AMENDMENT FILING

NAME: FLORIDA ASSOCIATION OF HOMES
FOR THE AGING INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Denise Mick -- EXT# 2950

EXAMINER'S INITIALS: _____

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

(Document number of corporation (if known))

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may **not** be used in the name of a not for profit corporation)

[illegible]

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: Aug. 2, 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) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature

Judi H. Buxo

(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.)

Judi H. Buxo

(Typed or printed name of person signing)

FAHA CHAIR

(Title of person signing)

FILING FEE: \$35