743411

| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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COVERLETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

| COVERLE | TTER | * 1 | · " |
|---|--|---|---|
| TO: Amendment Section Division of Corporations | · | | 201 6 PH 12: 34 |
| NAME OF CORPORATION: The Fannie E. Taylor Home For The | Aged of South Jack | ssonville, Inc. | 16 M |
| 743411 DOCUMENT NUMBER: | | | _ (A) |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the followin Melissa Burrows | g: | | |
| (Name of Conta | ct Person) | | |
| Taylor Foundation Services | | | |
| (Firm/ Com | рапу) | | _ |
| 6601 Chester Avenue | | | |
| (Addres | ss) | | _ |
| Jacksonville, FL 32217 | | | |
| (City/ State and | Zip Code) | | |
| mburrows@taylor-residences.org | | | |
| E-mail address: (to be used for future annua | l report notification |) | _ |
| For further information concerning this matter, please call: | | | |
| Melissa Burrows | 904 at | 636-0313 | |
| (Name of Contact Person) | (Area Code) | (Daytime Telephone Number) | |
| Enclosed is a check for the following amount made payable to the Flor | ida Department of S | State: | |
| S35 Filing Fee S43.75 Filing Fee S43.75 Filing Certificate of Status Certified Cop. (Additional coenclosed) | y Certifi ppy is Certifi | O Filing Fee cate of Status led Copy lional Copy is used) | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | Street Address Amendment Secti Division of Corpo Clifton Building | | |

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

| | Artic | cles of Amendment | Florida Dept. of State) |
|--|------------------------|-------------------------------|---|
| • | Articl | les of Incorporation | 8 |
| The Fannie E. Taylor Home For The Aged of Soutl | h Jacksoi | of nville. Inc. | |
| (Name of Corporation | | | Florida Dent. of State) |
| 43411 | uo varre | into wanting i | Total Dept of State |
| (Docum | ent Num | nber of Corporation (| if known) |
| ursuant to the provisions of section 617.1006. Flori mendment(s) to its Articles of Incorporation: | ida Statu | ates, this <i>Florida Not</i> | For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the | corpora | ntion: | |
| annie E. Taylor Home For The Aged of South Jack | ksonville | e, Inc. | The new |
| Company" or "Co." may not be used in the name 3. Enter new principal office address, if applical Principal office address MUST BE A STREET AL 2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B 3. If amending the registered agent and/or regist new registered agent and/or the new registered | ole: ODRESS BOX) | NA NA | da, enter the name of the |
| Name of New Registered Agent: | MA | | |
| New Registered Office Address: | | | (Florida street address) |
| | | | , Florida |
| | | (City) | (Zip Code) |
| | _ | d Agent: | |

Page 1 of 4

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>M</u> | hn Doe ike Jones Illy Smith | |
|-----------------------------------|-------------------|-----------------------------------|--------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) X Change | P | Barber, John W. Jr | 5755 Macy Avenue |
| Add | | | Jacksonville, F1. 32211 |
| Remove | | | |
| 2) X Change | TS | Hoeckelberg, Deborah | 4950 Motor Yacht Drive |
| Add | | | Jacksonville, FL 32225 |
| Remove | | | |
| 3) Change | <u> </u> | Franklin Wolfe | 2577 Country Side Drive |
| X Add | | | Fleming Island, FL 32203 |
| Remove | | | |
| 4) Change | <u>s</u> | Melissa A. Burrows | 6601 Chester Avenue |
| Add | | | Jacksonville, FL 32217 |
| X Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |
|---|
| N/A |
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| The date of each amendment(s) add | ption: | , if other than the |
|--|--|---------------------|
| date-this document was signed. | | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bloc document's effective date on the Dep | k does not meet the applicable statutory filing requirements, this date will no artment of State's records. | ot be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were add was/were sufficient for approval | opted by the members and the number of votes cast for the amendment(s) | |
| There are no members or members adopted by the board of director | ers entitled to vote on the amendment(s). The amendment(s) was/were s. | |
| Dated 10/11/17 Signature | na. Darha | |
| (By the chairr have not been | nan or vice chairman of the board, president or other officer-if directors is selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary) | |
| John W. F | Barber, Jr. | |
| | (Typed or printed name of person signing) | |
| President | | |
| | (Title of person signing) | |

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