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COVER LETTER

| TO: Amendment Section Division of Corporations | • | | | , | |
|---|---|---|-----------------------------------|--|--|
| NAME OF CORPORATION: | Adamstown 1 of Avo | n Park, Inc. | | | |
| 7550 DOCUMENT NUMBER: | | | | | |
| The enclosed Articles of Amenda | ment and fee are subm | itted for filing | | | |
| Please return all correspondence | concerning this matter | to the following: | | | |
| John M. Bernazzoli, Esq. | | | | | |
| | (| Name of Contact | Person) | | |
| Law Office of John M. Bernazze | oli | | | | |
| | | (Firm/ Compa | ny) | | |
| 2734 Polk Street, Suite H | | | | | |
| | | (Address) | | | |
| Hoffywood, FL 33020 | | | | | |
| | | City/ State and Zi | p Code) | | |
| jb49x(a yahoo.com | | | | | |
| • • • | ll address: (to be used | for future annual i | eport notification | 1) | |
| For further information concerni | ng this matter, please c | rall: | | | |
| Nora Sara | | | 954 at | 923-9700 | |
| (Na | me of Contact Person) | | (Area Code) | (Daytime Telephone Number) | |
| Enclosed is a check for the follow | wing amount made pay | able to the Florid | a Department of: | State: | |
| | \$43.75 Filing Fee & 【 Certificate of Status | □\$43.75 Filing For Certified Copy (Additional copenctosed) | Certif y is — Certif | O Filing Fee icute of Status ied Copy tional Copy is used) | |
| <u>Mailing Addr</u> Amendment S | ection | | Street Address Amendment Secti | | |
| Division of Co P.O. Box 6327 | | Division of Corporations Clifton Building | | | |

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

| , | Article | s of Amendmen | t | | |
|--|--------------|---------------------------|------------------|-----------------------|-----------------|
| | | to | | | 2. |
| | Articles | s of Incorporation of | ın | | 0/4 |
| ADAMSTOWN 1 OF AVON PARK, INC. | | | | | Alfono MARIO |
| (Name of Corporation | as curren | tly filed with the | e Florida Dept. | of State) | 1/2/2 |
| ADAMSTOWN 1 OF AVON PARK, INC. | | | | | 70, |
| (Docur | nent Numb | er of Corporation | ı (if known) | | |
| Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation: | rida Statute | es, this <i>Florida N</i> | ot For Profit C | orporation adopts the | he following |
| A. If amending name, enter the new name of the | corporati | ion: | | | |
| | | | | | The new |
| name must be distinguishable and contain the work "Company" or "Co," may not be used in the nam | | tion" or "invorpe | orated" or the c | ubbreviation "Corp | " or "Inc " |
| | | 13826 N.W. 23 | rd Street | | |
| B. <u>Enter new principa l'office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u> | | | | | |
| - | | - CHOICKE I IIIC. | | | |
| | | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | BOX) | 13826 N.W. 23 | 3rd Street | | |
| , | | Pembroke Pine | s, Ft. 33028 | | |
| | | | | | |
| | | <u> </u> | | • | |
| D. If amending the registered agent and/or regi- new registered agent and/or the new register | | | orida, enter the | name of the | |
| | Beth T. B | | | | |
| Name of New Registered Agent | | | | | |
| | 13826 N. | W. 23rd Street. | (Florido street | | |
| New Registered Office Address: | | | rranka sireei | adiressy | |
| | Pembrok | e Pines, | | , Florida | 8 |
| | | (City) | | (Zip Code) | |
| New Registered Agent's Signature, if changing l |) anietanal | Agent: | | | |
| "ACM Medividien Waciit 2 Manutalie" it cuunaine i | registeren | | | | |

Page L 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, CEO = 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: \underline{X} Change \underline{X} Remove \underline{X} Add | $\underline{V} = \underline{Mik}$ | n Doe e Jones y Smith | |
|--|-----------------------------------|-----------------------------|---------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | P | Byron Chapman | 102 Hallmark Avenue |
| Add | | | Lake Placid, FL 33852 |
| X Remove | | | |
| 2) Change | VP | Michael Bevis | 102 Hallmark Avenue |
| Add | | | Lake Placid, FL 33852 |
| X Remove | | | |
| 3.) Change | 1' | Beth T. Besu | 13826 N.W. 23rd Street |
| X Add | | | Pembroke Pines, FL 33028 |
| Remove | | | |
| 4) Change | VP | Paul Tokarz | 2832 N.E. 37th Court |
| X Add | | | Fort Lauderdale, FL 33308 |
| · Remove | | | |
| 57 Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Artic | cles, enter chang | <u>e(s) here</u> : | | | | |
|--|-------------------|--------------------|----------------|--|-------------|--|
| (uttach additional sheets, if necessary) | (Be specific) | | | | | |
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| <u> </u> | | | | | | |

| The date of each amendment(s) adop | ption: | $\underline{}$, if other than the |
|--|--|------------------------------------|
| date this document was signed. | · · · · · · · · · · · · · · · · · · · | |
| Effective date if applicable: | | |
| | tha more than 90 days after amendment file dater | |
| Note: If the date inserted in this block document's effective date on the Depa | c does not meet the applicable statutory filing requirements, this date will no artiment of State's records. | t be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were ado was/were sufficient for approval. | pted by the members and the number of votes cast for the amendment(s) | |
| There are no members or member adopted by the board of director | ers entitled to vote on the amendment(s). The amendment(s) was/were s. | |
| Dated | 8-1-18 | |
| Signature | BILLAN | |
| (By the chairn have not beer | num 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) | |
| Beth T. B | esu | |
| | (Typed or printed name of person signing) | |
| President | / | |
| | (Title of person signing) | |