

763896

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**\*RE-SUBMIT\***

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

Please retain original filing  
date of submission 12/2

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
GAINESVILLE VOA ELDERLY HOUSING, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	067
Estimated Charge	\$43.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 DEC -2 PM 2:44

FILED

*Amend*



December 2, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

GAINESVILLE VOA ELDERLY HOUSING, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525US

SUBJECT: GAINESVILLE VOA ELDERLY HOUSING, INC.  
REF: 763896

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 12/2

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

FAX Aud. #: E10000259111  
Letter Number: 510A00028070

RECEIVED  
10 DEC -7 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Gainesville VOA Elderly Housing, Inc.

DOCUMENT NUMBER: 763896

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Fireison  
(Name of Contact Person)

Pepper Hamilton LLP  
(Firm/ Company)

600 Fourteenth Street, N.W.  
(Address)

Washington, DC 20005  
(City/ State and Zip Code)

fireisons@pepperlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Fireison at ( 202 ) 220-1572  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|--|--|

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

FILED

10 DEC -2 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Gainesville VOA Elderly Housing, Inc.

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

763896

(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:

*The new 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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

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*

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

**See attached.**

1. *Introduction*  
 2. *Background*  
 3. *Methodology*  
 4. *Results*  
 5. *Discussion*  
 6. *Conclusion*  
 7. *References*  
 8. *Appendix*  
 9. *Index*  
 10. *Table of Contents*  
 11. *Abstract*  
 12. *Summary*  
 13. *Key Words*  
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The date of each amendment(s) adoption: November 3, 2010

(date of adoption is required)

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(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.

Dated 11/5/2010

Signature [Signature]

(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)

David Basman

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

**FIRST AMENDMENT TO AMENDED AND RESTATED  
ARTICLES OF INCORPORATION OF  
GAINESVILLE VOA ELDERLY HOUSING, INC.**

This First Amendment to Amended and Restated Articles of Incorporation of Gainesville VOA Elderly Housing, Inc. (the "Corporation"), was adopted at a meeting of the Board of Directors of the Corporation: duly held on November 3, 2010:

**FIRST:** Section c. of ARTICLE XII is amended and restated in its entirety as follows:

"c. Any new entity with control over the Corporation, must agree to be bound by the note, mortgage/deed of trust, security agreement, Debt Service Savings Agreement, Use Agreement, Regulatory Agreement and any other documents required in connection with the HUD-insured loan (the "HUD Loan Documents") to the same extent and on the same terms as the other members."

**SECOND:** That said amendment was duly authorized and adopted by the Board of Directors of the Corporation, and the Assistant Secretary of the Corporation was directed to certify and file this amendment with the Amendment Section, Division of Corporations, Florida Department of State, and be inserted in the minute book of the Corporation.

IN WITNESS WHEREOF, the undersigned hereby certifies that the facts hereinabove stated are true and that the execution hereof is his/her voluntary act and deed and the voluntary act and deed of said Corporation.

Dated this 5<sup>th</sup> day of November, 2010

**GAINESVILLE VOA ELDERLY HOUSING, INC.**

BY: 

David T. Bowman, Assistant Secretary

Commonwealth  
STATE OF Virginia )  
City  
COUNTY OF Alexandria )<sup>SS</sup>

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, the foregoing instrument was acknowledged before me by David T. Bowman, who is personally known to me.

  
Notary Public

My commission expires 11/30/2013

