

767310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

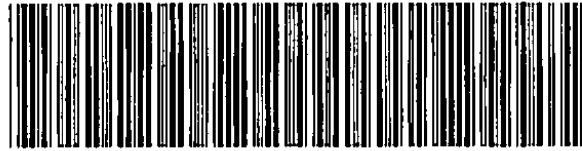
(Business Entity Name)

(Document Number)

ed Copies _____ Certificates of Status _____

cial Instructions to Filing Officer:

Office Use Only



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11/25/19--01016--012 **52.50

2020 JAN 21 PM 10:49

R. WHITE

JAN 23 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2020

JOSE CHI
2710 NW 24TH ST
MIAMI, FL 33142

(RESUBMITTED JAN. 13, 2020)

SUBJECT: FLORIDA ADULT DAY SERVICES ASSOCIATION, INC.
Ref. Number: 767310

We have received your document for FLORIDA ADULT DAY SERVICES ASSOCIATION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 120A00000187

COVER LETTER

O: Amendment Section
Division of Corporations

NAME OF CORPORATION: FLORIDA ADULT DAY SERVICES ASSOCIATION, INC.

DOCUMENT NUMBER: 767310

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

Please return all correspondence concerning this matter to the following:

JOSE CHI

(Name of Contact Person)

FLORIDA ADULT DAY SERVICES ASSOCIATION, INC

(Firm/ Company)

2710 NW 24th ST.

(Address)

MIAMI, FL 33142

(City/ State and Zip Code)

joechi888@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE CHI

(Name of Contact Person)

786

at

554-8001

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

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

2020 JUN 21 PM 10:49

Florida Adult Day Services Association Inc.

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

767310

(Document Number of Corporation (if known))

ursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following
mendment(s) to its Articles of Incorporation:

1. If amending name, enter the new name of the corporation:

N/A

The new

ame 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

2. Enter new principal office address, if applicable:

2710 NW 24th ST

Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33142

3. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2710 NW 24th ST

MIAMI, FL 33142

4. 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:

JOSE CHI

2710 NW 24th ST

(Florida street address)

New Registered Office Address:

MIAMI

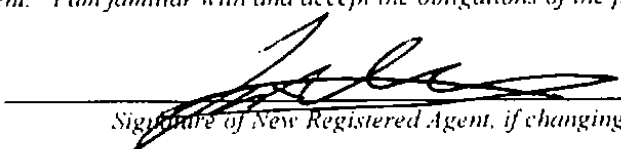
(City)

Florida 33142

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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)

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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
IMMEDIATE			
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PAST PRESIDENT</u>	<u>TAMIKA HARRIS</u>	<u>1524 Formosa Ave.</u> <u>Winter Park, FL 32789</u>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PRESIDENT</u>	<u>Jose Luis Chi</u>	<u>2710 NW 24th St.</u> <u>Miami, FL 33142</u>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>BOARD MEMBER</u>	<u>Natalie Lemke</u>	<u>618 94th Ave. North</u> <u>St. Petersburg FL 33702</u>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TREASURER</u>	<u>Marta Rangel</u>	<u>8175 Bird Rd.</u> <u>Miami, FL 33155</u>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VICE PRESIDENT</u>	<u>Jacinto Abdala</u>	<u>2370 SW 67th Ave.</u> <u>Miami, FL 33155</u>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SECRETARY</u>	<u>Daisy Graciano</u>	<u>1835 NW 112th Ave.</u> <u>Miami, FL 33172</u>

Page 2 of 4

If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

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:

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. Old 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
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<input checked="" type="checkbox"/> Change	BOARD	Jessica Ayers	875 Royce St.
<input type="checkbox"/> Add	MEMBER		Pensacola, FL 32503

☐ Remove

<input checked="" type="checkbox"/> Change	PAST	Elaine Jensen	12456 93rd Way
<input type="checkbox"/> Add	PRESIDENT		Largo, FL 33773

☐ Remove

<input type="checkbox"/> Change			
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<input type="checkbox"/> Add			
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<input type="checkbox"/> Remove			
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<input type="checkbox"/> Change			
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<input type="checkbox"/> Add			
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<input type="checkbox"/> Remove			
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<input type="checkbox"/> Change			
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<input type="checkbox"/> Add			
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<input type="checkbox"/> Remove			
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<input type="checkbox"/> Change			
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<input type="checkbox"/> Add			
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<input type="checkbox"/> Remove			
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Page 2 of 4

If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

N/A

Page 3 of 4

date of each amendment(s) adoption: N/A, if other than the
this document was signed.

effective date if applicable: N/A
(no more than 90 days after amendment file date)

e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
amendment's effective date on the Department of State's records.

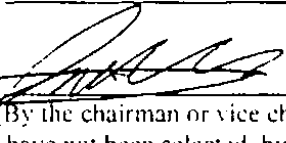
option of Amendment(s) **(CHECK ONE)**

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 November 1, 2019

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)

Jose Luis Chi

(Typed or printed name of person signing)

President

(Title of person signing)