

K04870

Adult Family Care Home

Requester's Name

2052-54 Syracuse Ct, NE

Address

Palm Bay, FL 32905

City/State/Zip

Phone #

900004010999--4
-04/16/01--01070--011
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY -8 AM 10:23

Name Change

Examiner's Initials

LFT

5-9-2001



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 5, 2001

ADULT FAMILY CARE HOME, INC.
2052-54 Syracuse Court, NE
Palm Bay, FL 32905

SUBJECT: ADULT FAMILY CARE HOME, INC.
Ref. Number: K04870

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 701A00020328

RECEIVED
01 APR 16 AM 8:42
DIVISION OF CORPORATIONS

321-951-2887



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 16, 2001

ADULT FAMILY CARE HOME, INC.
2052 - 54 Syracuse Court, NE
Palm Bay, FL 32905

SUBJECT: ADULT FAMILY CARE HOME, INC.
Ref. Number: K04870

We have received your document for ADULT FAMILY CARE HOME, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached Articles of Amendment form must be completed and returned to this office for filing.

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) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 501A00022515

PROFESSIONAL ACCOUNTING SERVICES

DOMENIC H. CALICCHIA
Accountant

1520 Bottle Brush Drive N.E., Suite 2-M
Palm Bay, Florida 32905
Office: (321) 951-8878
Fax: (321) 951-3008
Mobile: (407) 676-8018

May 3rd, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

RE: Name Change for Adult Family Care Home Inc.
FIN 59-2863915

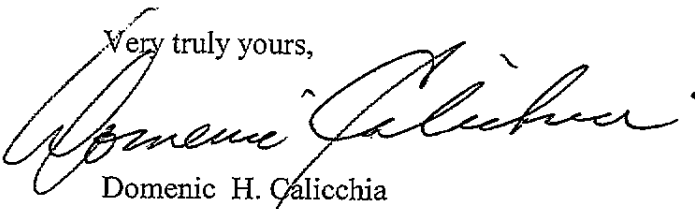
ATTN: Ms. Louise Flemming-Jackson

Dear Ms. Jackson

Please be find enclosed a copy of the minutes and request for name change for the above corporation.

Thank you for your attention to this matter.

Very truly yours,



Domenic H. Calicchia
Accountant

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -8 AM 10: 22

ADULT FAMILY CARE HOME, INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

The above named corporation wishes to amend the name of the corporation to

AMANDAS ADULT FAMILY CARE HOME, INC.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: March 27th, 2001

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
voting group

- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 27th day of March, 2001

Signature



(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

BERNICE LAIDLAW

Typed or printed name

PRESIDENT /DIRECTOR

Title