K43637

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(Ad	Idress)	
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(Cit	ty/State/Zip/Phor	ne #)
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PRM 11-17-14

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Social Service Resource Center, Inc. DOCUMENT NUMBER: K43637 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Eugene E. Waldron, Jr. Name of Contact Person Eugene E. Waldron, Jr., P.A. 124 North Brevard Avenue Address Arcadia, Florida 34266 City/ State and Zip Code ewaldron@eewj.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Eugene E. Waldron, Jr. 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: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

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 the manufacture of the following of the second of the seco

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida	Dept. of State)
K43637	
(Document Number of Corporation (if know	m)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florid</i> its Articles of Incorporation:	a Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". word "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation A professional corporation name must contain the
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 <u>MAY BE A POST OFFICE BOX</u>)	TO THE STATE OF TH
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 of fice address:	on O
Name of New Registered Agent	
(Florida street add	ress)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with an Signature of New Registered Agent,	· · · · · · · · · · · · · · · · · · ·

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:	iovo, and barry on	in, or at without	至空 章
X Change	<u>PT</u> <u>John</u>	1 Doe	TA HOU
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	4. 2
Type of Action (Check One)	Title	Name	Address U.S.
1) Change	P	Susan Vacca	P.O. Box 494006
Add			Port Charlotte, FL
Remove			33949
2) Change	V,P,S	Linda Costello	401 E. Olympia Ave. #2
✓ Add			Punta Gorda, FL
_ Remove			33950
3) Change	P,T	Laura McDonough	401 E. Olympia Ave. #2
Add			Punta Gorda, FL
Remove			33950
4) Change	<u>.</u>	**************************************	- April
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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				TALL AH SS
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				<u> 5.7</u>
				
n amendment provides for covisions for implementing	r an exchange, reclassi	fication, or cancellati	on of issued shares,	
(if not applicable, indicat	e N/A)	<u> </u>	<u> </u>	

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable: October 29, 2014	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders 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.	
Dated October 29, 2014 Signature Sunda Costello	T 09
(By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Linda Ostello (Typed or printed name of person signing)	_
(Typed or printed name of person signing)	
Vice President	_
(Title of person signing)	