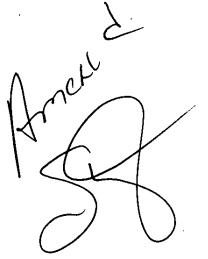


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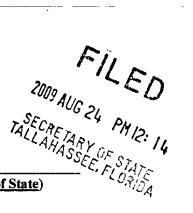
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SAFE AND S	ECURE	RES	PITE CAR	E, INC.
DOCUMENT NUM	BER: N00000005211				
The enclosed Articles	s of Amendment and fee are su	bmitted for	filing.		
Please return all corre	espondence concerning this mat	tter to the f	following	3:	
	SANDRA A.			MA	
	(Name of	f Contact F	erson)		
	SAFE AND SECU	RE RESI	PITE C	ARE, INC.	
	(Firm	n/ Compan	y)		
	3091 Sk	(YLINE [PRIVE		
	(Address)	· · · · · · · · · · · · · · · · · · ·		
	CRESTV	/IEW, FL	32539		
	(City/ Sta	te and Zip	Code)		
	SandySpeal				
	E-mail address: (to be use	ed for futur	e annual	report notific	cation)
For further information	on concerning this matter, pleas	e call:			
Sandra A. Tingle,	MSW, MA	at (850) 543-712	24
(Name	of Contact Person)	· · · · · · · · · · · · · · · · · · ·	(Area	Code & Dayti	me Telephone Number)
Enclosed is a check for	or the following amount made p	payable to	the Flori	da Departmer	at of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif	ied Copy tional co	1	☑ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divisi P.O. I	ng Address Idment Section Idment Sec		Amend Division Clifton	Address Iment Section on of Corporation Building	ons

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



SAFE AND SECURE RESPITE CARE, INC.

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

N0000005211

(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:

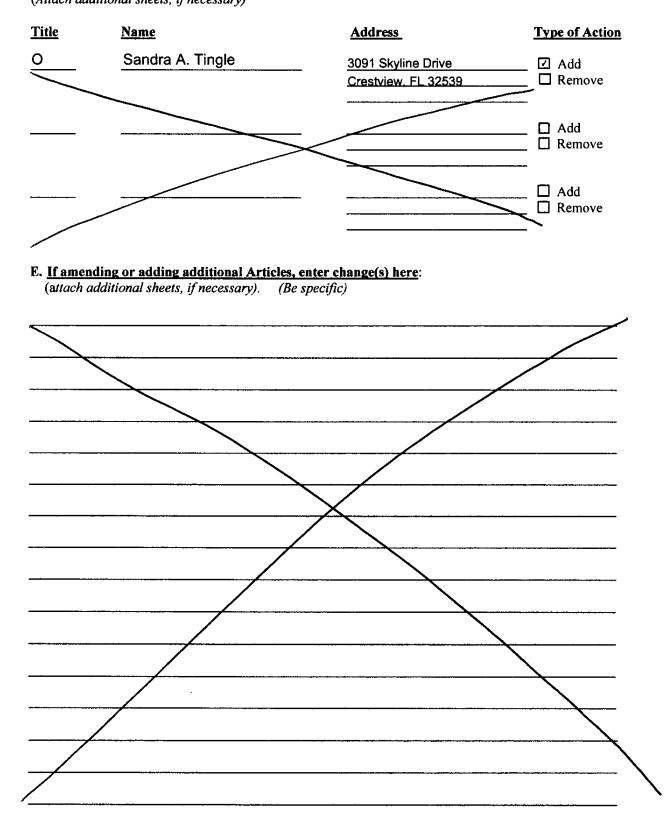
he new name must be distinguishable and co bbreviation "Corp." or "Inc." <u>"Company" o</u>		acorporated" or the
Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
(maning muress MAI DE A FOST OFFIC		
	egistered office address in Florida, e	nter the name of th
. If amending the registered agent and/or r	egistered office address in Florida, e	nter the name of th
. If amending the registered agent and/or r new registered agent and/or the new regis	egistered office address in Florida, e	nter the name of th

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)

Title Name **Type of Action** Address 0 Mary Beth Creehan 3091 Skyline Drive ☑ Add Crestview, FL 32539 ☐ Remove Benjamin Riggi 0 3091 Skyline Drive Crestview FL 32539 Remove 0 Patti Snow ✓ Add 3091 Skyline Drive Crestview, FL 32539 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Please see attached Articles.

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)



Safe And Secure Respite Care, Inc. 59-3700725

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SAFE AND SECURE RESPITE CARE, INC.

ARTICLE II BUSINESS OF THE COMPANY

2.1 <u>Purpose/Business of the Company</u>. Said organization (Safe And Secure Respite Care, Inc.) is organized exclusively for charitable, religious, educational, and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(C)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

ARTICLE VI THE BOARD OF DIRECTORS

6.5 Compensation. No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaigning on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under Section 501(C)(3) of the Internal revenue Code, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under Section 170(C)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Safe And Secure Respite Care, Inc. 59-3700725

ARTICLE XIII DISSOLUTION AND WINDING UP

13.3 Winding Up, Liquidation, and Distribution of Assets.

b. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(C)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of Okaloosa County, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

The date of each amendmen	t(s) adoption: August 17, 2009
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Signature(By hav	the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Sandra A. Tingle (Typed or printed name of person signing)
	Director
	(Title of person signing)