

N010000003401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

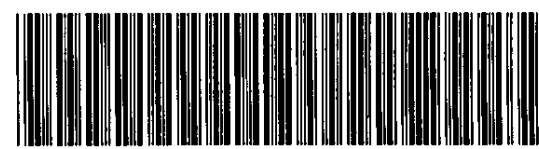
(Business Entity Name)

(Document Number)

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10/31/16--01020--030 \*\*43.75

2016 DEC - 8 PM 3: 39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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Amend/cus

DEC - 8 2016  
I ALBRITTON

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: CHAIRES COMMUNITY LIFE ENRICHMENT CENTER, INC. \_\_\_\_\_

DOCUMENT NUMBER: N01000003401 \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

CASSIE HAMMOCK

\_\_\_\_\_  
(Name of Contact Person)

CHAIRES COMMUNITY LIFE ENRICHMENT CENTER, INC.

\_\_\_\_\_  
(Firm/ Company)

5755 CHAIRES CROSS ROAD

\_\_\_\_\_  
(Address)

TALLAHASSEE FLORIDA 32311

\_\_\_\_\_  
(City/ State and Zip Code)

CASSIEHAMMOCK@GMAIL.COM

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

For further information concerning this matter, please call:

CASSIE HAMMOCK \_\_\_\_\_ at \_\_\_\_\_ 850 \_\_\_\_\_ 491-3162  
(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 checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input 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 is<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2016

CASSIE HAMMOCK  
CHAIRES COMMUNITY LIFE ENRICHMENT CENTER  
5755 CHAIRES CROSS ROAD  
TALLAHASSEE, FL 32311

SUBJECT: CHAIRES COMMUNITY LIFE ENRICHMENT CENTER, INC.  
Ref. Number: N01000003401

We have received your document for CHAIRES COMMUNITY LIFE ENRICHMENT CENTER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Bylaws are not filed with this office. Please retain them for your records.

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

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 316A00023537

RECEIVED  
16 DEC -8 PM 3:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of  
CHAIRES COMMUNITY LIFE ENRICHMENT CENTER, INC.

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

N01000003401

(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:**

N/A

*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:**

N/A

*(Principal office address MUST BE A STREET ADDRESS)*

**C. Enter new mailing address, if applicable:**

N/A

*(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:* N/A

*(Florida street address)*

*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 and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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2018 DEC - 8 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA





The date of each amendment(s) adoption: September 6, 2016, if other than the date this document was signed.

Effective date if applicable: SEPTEMBER 6, 2016  
*(no more than 90 days after amendment file date)*

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

**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 10/3/2016

Signature Cassie Hammock

(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)

CASSIE HAMMOCK

(Typed or printed name of person signing)

Executive Director/President  
(Title of person signing)