

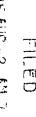
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COVER LETTER

TO: Amendment Section Division of Corporations FREEDOM SEVEN SENIOR CITIZENS
NAME OF CORPORATION: COMMUNITY CENTER, INC,
DOCUMENT NUMBER: NO 2212
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
L. GEORGE LEONARD CPA (Name of Contact Person)
L, GEORGE LEONARD, CPA, PA (Firm/Company)
1485 N. ATLANTIC AVE #102 (Address)
COCOA BEACH, FC 3293/
LEL C CFC, RR, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
2. GEORGE LEONARD at 321-799-169/ (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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
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

Articles of Amendment to Articles of Incorporation of

FREEDOM SEVEN SENIOR	R CITIZENS COMMUNITY CENTER	2,7
(Name of Corporation as	currently filed with the Florida Dept. of State)	,
N02212	·	
(Document	t Number of Corporation (if known)	•
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For Profit Corporation adopts the following	;
A. If amending name, enter the new name of the con	orporation:	
FREEDOM 7 SEALOR	O CAMMANA TO CENTED TING	
name must be distinguishable and contain the word "co	COMMUNITY CENTER, Tokehew 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:		
(Principal office address <u>MUST BE A STREET ADD</u>	ORESS) (
C. Enter new mailing address, if applicable:	21/A	,
(Mailing address <u>MAY BE A POST OFFICE BO)</u>	\underline{x} $\underline{-\sqrt{T}}$	
D. 16		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
· ·	\sim \sim \sim	
Name of New Registered Agent:	-	
<u> </u>	(Florida street address)	
New Registered Office Address:	[Floring of Classics]	
	, Florida	
_	(City) (Zip Code)	
New Registered Agent's Signature, if changing Regi	istered Agent: A)/A	
I hereby accept the appointment as registered agent.	l am familiar with and accept the obligations of the position.	
	· 799 🙀	
	Signature of New Registered Agent, if changing	
	Signature of New Registered Agent, if changing	<u> </u>
	် ယံ	E
	Page 1 of 4	

address of each Office (Attach additional shee Please note the officer, P = President; V = Vice	er and/or E ets, if necess /director title e President () = Chief F	Pirector being added: Sary) The by the first letter of the office to The Treasurer; S= Secretary; Desirancial Officer. If an officer/di	name of each officer/director being removed and title, name, and ittle: ittle: Description: TR = Trustee; C = Chairman or Clerk; CEO = Chief rector holds more than one title, list the first letter of each office
a change, Mike Jones i	leaves the c		n Doe is listed as the PST and Mike Jones is listed as the V. There is I the V and S. These should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	<u>PT</u> V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove Add Change Add			
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change		_	

__ Remove

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)		
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•		
	e date of each amendment(s) adoption: this document was signed.	_, if other than the
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	ee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not burnent's effective date on the Department of State's records.	e listed as the
Ado	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 7/29/15	
	Signature R. Benge Leonard	_
	(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)	
	L. GEORGE LEONARD	
	(Typed or printed name of person signing)	
	TREASURER	
	(Title of person signing)	