(Req	uestor's Name)	
(Add	ress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: New Alte	rnatives in C	unmunity Living
DOCUMENT NUMBER: NO 3000	000609	, J
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Rose Was	hing for ne of Contact Person)	
New Alter	rnatives In (Firm/Company)	Community Living
	Fort King (Address)	1st-
<u>Ocala</u>	7 34471 State and Zip Code)	
F-mail address: (to be used		
For further information concerning this matter, please	call:	
Rose Washington (Name of Contact Person)	at (<u>352</u> (Area Co) 266-0156 de & Daytime Telephone Number)
Enclosed is a check for the following amount made pa		
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street A Amendr	address nent Section
Division of Corporations	Division of Corporations	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to Articles of In	corporation	
New Alterviatives To (Name of Corporation as currently	Community Lu	
N0300000609		
(Document Number of Corpora	ation (11 known)	
Pursuant to the provisions of section 617.1006, Florida Statute following amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Co</i>	rporation adopts the
A. If amending name, enter the new name of the corporati	ion:	
The new name must be distinguishable and contain the word "Corp." or "Inc." "Company" or "Co." may not be used in		or the abbreviation
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		0.
•		11 C
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		DEC -9 AH 8: 4
(Muning uturess MAT BE AT OST OFFICE BOX)		AH RPO
		8 A
		= 0.85
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		name of the
Name of New Registered Agent:		_
New Registered Office Address:	Florida street address)	_
New Registered Office Address.	<i>,</i>	
	(City), Florid	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am fan		ons of the position.

Page 1 of 4

Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)		<u>Name</u>		Address
1)_P		Lillie Smith	 -	0119 SW 84th Ave Ocala, FL 34481
2)			- -	
3)			- 	
4)			- 	
5)			-	
6)			- 	
<u>If REMOVING</u>	an office	r and/or director, please list the t	title(s) and	name of the officer/director to be removed:
Title(s)	<u>Name</u>		Title(s)	<u>Name</u>
1)		-	4)	
2)			5)	
			•	

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Pa provide)
(anach adamonai sneets, if necessary).	(be specific)
	
	
	,

The	date of each amendment(s) adoption: December 3, 2011
Effe	ctive date if applicable: December 3 2011 (no more than 90 days after amendment file date)
Ado	ption of Amendment(s) (<u>CHECK ONE</u>)
¤	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 Describer 3 2011 Signature 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(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)
	Lillie Smith
	(Typed or printed name of person signing)
	(Title of person signing)

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