## N05000004803

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer	
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations ::	֌.	on the state of t
EAGLE LAKE FO	OUNDATION, INC	<b>&gt;</b> .
N05000004803		
		***************************************
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Aaron Bloom		
	(Name of Contact Perso	n) .
	(Firm/ Company)	
310 10th Ave N		
	(Address)	
Safety Harbor, FL 34695		
(	(City/ State and Zip Coo	le)
aaron.bloom.gc@gmail.com		
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please of	call:	
Aaron Bloom	727 at (	420-2329 )
(Name of Contact Person)	(Area C	Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Dep	eartment of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amen Divisi Clifto 2661	t Address dment Section on of Corporations n Building Executive Center Circle hassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE DIVISION OF CORPORATIONS

EAGLE LAKE FOUNDATION, INC

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EAGLE LAKE FOUNDATION,	MC.	(4 (10) E = -
(Name of Corporation as current N05000004803	ly filed with the Florida Dept. of State)	
(Doc	ument Number of Corporation (if known)	) هم در روسی چر د خود خود و بین و بین این بین این بین این بین بین بین بین بین بین بین بین بین ب
Pursuant to the provisions of section 617. mendment(s) to its Articles of Incorporat	1006, Florida Statutes, this <i>Florida Not For</i> tion:	Profit Corporation adopts the follow-
A. If amending name, enter the new na	nne of the corporation:	
		The ne
name must be distinguishable and contain "Company" or "Co." may not be used in	the word "corporation" or "Incorporated the name.	" or the abbreviation "Corp," or "Inc
3. Enter new principal office address,	419 Center Stree	et .
Principal office address MUST BE A ST	TREET ADDRESS ) Manchester, CT	06040
	411.97	Phone was a supplied the second front and page 191 page page 1920 the second second second
Enter new mailing address, if applie	cable:	
(Mailing address <u>MAY BE A POST (</u>	OFFICE BOX)	
	And the state of t	No
). If amending the registered agent and	d/or registered office address in Florida.	enter the name of the
new registered agent and/or the new	CT Corporation	
Name of New Registered Agent:		
	1200 S Pine Island Rd.	·
New Registered Office Address:	(Florida street address)	•
New Negater of Course Address.	Plantation	33324
	(City)	, Florida(Zip Code)
		(Alp Coac)
ew Registered Agent's Signature, if ch	angleg Registered Agent:	ha abligations of the position
nereby accept the appointment as registe	red agent I am familial with and occept to	ne obligations of the position.
		Angel Nunez
	Signature of New Registered Agent of char	Assistant Secretary
	Page 1 of	
		`

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: XChange X Remove A Add	<u>V</u> <u>M</u>	hn Doe ike Jones Illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	Aaron Bloom	310 10th Ave N
Add X Remove			Safety Harbor, FL 34695
2) Change	D	Rabbi Joseph Schwartz	2914 Ave L
Add			Brooklyn, NY 11210
Remove 3) Change	AS	Lary Steele	24641 US HWY 19 N
Add X Remove			Clearwater, FL 33763
4) Change	PD	Ben Atkins	24641 US HWY 19 N
Add Remove			Clearwater, FL 33763
5) Change	Р	Fred Frank	24641 US HWY 19 N
X Add Remove			Clearwater, FL 33763
	D	Antoine Cash	24641 US HWY 19 N
6) Change Add			Clearwater, FL 33763
Remove			

## 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: X_Change X_Remove A_Add	PT John I V Mike . SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Len Prokopets	24641 US HWY 19 N
X Add			Clearwater, FL 33763
Remove 2) Change	D	Edward Lyons	24641 US HWY 19 N
X Add			Clearwater, FL 33763
Remove 3) Change			
Add			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
treatment, education, support, comfort and rehabilitation services to individuals,			
including seniors and nursing home residents.			

	date of each amendment( this document was signed.	) adoption:	, if other than the
Effe	ctive date <u>if applicable</u> : '	•	FILLU STATE SECRETARY OF STATE STATE CORPORATIONS
		(no more than 90 days after amendment file day	WISIUS OF COM ST.
Ado	ption of Amendment(s)	( <u>CHECK ONE</u> )	14 HOV 24 PM 4: 37
	The amendment(s) was/we was/were sufficient for app	e adopted by the members and the number of votes cast foroval.	r the amendment(s)
	There are no members or nadopted by the board of di	embers entitled to vote on the amendment(s). The amendment ectors.	ment(s) was/were
	Dated	11-20/9	
	Signature		
	(By the chave no	hairman or vice chairman of the board, president or other of been selected, by an incorporator — if in the hands of a resurt appointed fiduciary by that fiduciary)	
	Ben Atkins		
	President	(Typed or printed name of person signing)	
	<del> </del>	(Title of person signing)	