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TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

THE REFUGE AT J	IUMPER CREEK,	INC.	
N0600008099	•		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subr	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
BARBARA N. TREMBLAY			
	(Name of Contact	Person)	
THE REFUGE AT JUMPER CREEK, INC.			
····	(Firm/ Compa	any)	· · ·
427 NE 3RD STREET	,	•,	
427 NE SRD STREET			
	(Address)		
CRYSTAL RIVER, FL 34429			
	(City/ State and Zi	p Code)	
ACCTNTBARB@EMBARQMAIL.COM			
E-mail address: (to be used	for future annual r	eport notification	1)
For further information concerning this matter, please	call:		
BARBARA N. TREMBLAY	,	352 at	795-1532
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida	a Department of	State:
■ \$35 Filing Fee \$\sum \text{Certificate of Status}\$		Certif vis Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Secti Division of Corpo Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

THE REFUGE AT JUMPER CREEK, INC.

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

N06000008099

(Document Number of Corporation (if known)

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oration" or "inc	orporated" or the abbre	viation "C	orp." or '	"Inc."
<u>SS</u>)				
				<u>.</u>
			20	17
office address in ce address:	Florida, enter the nam	e of the		JUL 20
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	(Florida street addres	s)	Ę.	(<u>၁</u>
	,	Florida		:
(City)		(Zip Cod	le)	
ed Agent:	d accept the obligations	of the pos	ition.	
	oration" or "inco	effice address in Florida, enter the name address: (Florida street address (City) ed Agent:	effice address in Florida, enter the name of the de address: (Florida street address) (City) (Zip Code address)	oration" or "incorporated" or the abbreviation "Corp." or SSS) office address in Florida, enter the name of the readdress: (Florida street address) (Florida

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 X Add	<u>V</u> <u>Mi</u>	nn <u>Doe</u> ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PRES	RICHARD CODY	7451 SW 106TH STREET
Add			OCALA, FL 34476
Remove			
2) X Change	V-P	VICTORIA GENZ	750 BOND ISLE
Add			CRYSTAL RIVER, FL 34429
Remove			
3) Change	SEC	MELISSA MERRITT	1010 N MAIN STREET
X Add			BUSHNELL, FL 33513
Remove			
4) Change	P	CONNIE MAHAN	218 N. FLORIDA STREET
Add			BUSHNELL, FL 33513
X Remove			
5) Change	D	TIFFANY ARICK	218 N FLORIDA STREET
Add			BUSHNELL, FL 33513
X Remove			
6) Change	D	DALE ELZIE	4002 NW 62ND AVENUE
Add	 		GAINESVILLE, FL 32653
X Remove			

E. If amending or adding a (attach additional sheets)	udditional Articles, en	ter change(s) here:			
(attach additional sheets	if necessary). (Be sp	ecific)			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 we document's effective date on the Department of State's records.	ill not be listed as the
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.	i)
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 7/17/2017	
Signature Darburak Fenday	
(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)	
BARBARA N. TREMBLAY	
(Typed or printed name of person signing)	
TREASURER	
(Title of nerson signing)	