N0000012420

(Requesto	r's Name)
(Address)	
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(City/State	:/Zip/Phone #)
PICK-UP	WAIT MAIL
(Rusiness	Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to Filing C	Officer:
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SECRETARY OF STATE
ALLAHASSEE, FLORING

N3/3101

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Friends of Hop	pe Adult Day Services Corp.
DOCUMENT NUMBER: N06000012420	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Tony Gabrielle	
(Name of	Contact Person)
(Firm	/ Company)
360 South Nine Drive	Address)
Ponte Vedra, FL 32082	,
(City/ State) For further information concerning this matter, p	te and Zip Code)
Tony Gabrielle-Secretary and Treasurer (Name of Contact Person)	at (904) 285-2247 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount ma	
▼\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Statu Certified Copy (Additional Copy is 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

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed	with the Florida Dept. of S	State)	
Friends of Hope Adu	It Day Services Corp		
(Document Number of Co	orporation (if known)		
Pursuant to the provisions of section 617.1006, Florida State following amendment(s) to its Articles of Incorporation		Profit Corporation ado	pts
A. If amending name, enter the new name of the corp	oration:		
Friends of Adult Day Services Corp.		1	_
The new name must be distinguishable and contain the	word "corporation" or "in		1.
abbreviation "Corp." or "Inc." "Company" or "Co." m		•	
D. E-ton your reinsingle office address if anniholds			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ADDRE	ESS)	——————————————————————————————————————	
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		全部 蠹	
		SE IN	<u></u>
C. Enter new mailing address, if applicable:		SEE,	
(Mailing address MAY BE A POST OFFICE BOX)			D
		3: c	
	<u></u>		
	 		
D. If amending the registered agent and/or registered	affice address in Florida e	nter the name of the	
new registered agent and/or the new registered off		nter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)		
		Elánido	
	(City)	, Florida (Zip Code)	
	,,		
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. position.		cept the obligations of	the
-			
Cionatana	of New Registered Agent, if c	homaina	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	Add Remove
<u> </u>			<u> </u>
E. If amenda (attach a	ding or adding additional Art dditional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
		We to a second	
			
	W ⁴ Table 1	,	
			
<u> </u>			
	-		

The date of each amendment(s) adoption: March 13, 2009		
Effective date if applicable:	APRIL 15, 2009 (no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated <u>Mar</u> Signature	Ory Cabrelle	
(By	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
	Tony Gabrielle (Typed or printed name of person signing)	
	SECRETARY & TREASURER (Title of person signing)	

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