N06000012420

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cir | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| . (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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Amend

SECRETARY OF STATE HE DIVISION OF CORPORATIONS

NOV 1 6 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: FRIENDS | OF | ADULT | DAY | SERVICES |
|--|-----------------------------|---------------------|--|------------------|
| DOCUMENT NUMBER: NO60000 /2 | 2420 | | | |
| The enclosed Articles of Amendment and fee are submit | tted for filin | ıg. | | |
| Please return all correspondence concerning this matter t | to the follow | ving: | | |
| Siani | DY | CATAL ntact Person) | _60 | |
| . (N | Name of Co | ntact Person) | | • |
| | | | | |
| | (Firm/ C | ompany) | | |
| 141 | DAHL | 1A CO | UKT | |
| | | ress) | | |
| Ponte Ve | CDRA | BEACH | FL | 32082 |
| (C | City/ State a | nd Zip Code) | | |
| Cara | . | e ball | 2 court | , not |
| E-mail address: (to be used fo | or future an | nual report not | ification) | 1161 |
| For further information concerning this matter, please cal | il: | | | |
| SANDY CATALLO (Name of Contact Person) | · at (| 904 | 285- | 2501 |
| (Name of Contact Person) | <u> </u> | (Arca Code | & Daytime T | clephone Number) |
| Enclosed is a check for the following amount made paya | ble to the F | lorida Departr | ment of State: | |
| \$35 Filing Fee \$\square\$ | \$43.75 Fili Certified C | | □\$52.50 Filin Certificate o | |
| | (Additiona enclosed) | | Certified Co (Additional Enclosed) | • • |
| Mailing Address | | Street Ad | | |
| Amendment Section Division of Corporations | | | ent Section | 1.41 |
| P.O. Box 6327 | , | Clifton B | of Corporation | is. |
| Tallahassee FI 32314 | | | ontive Center : | Cirola |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



| FRIENDS OF A | DULT DAY | SERVICES | Corn | _ |
|---|---------------------------|-----------------------|--|---------------|
| (Name of Corporation as currently f | lled with the Florida D | ept. of State) | | _ |
| N 060000 | 12420 | | | |
| (Document N | umber of Corporation (i | if known) | | |
| Pursuant to the provisions of section 617.100 amendment(s) to its Articles of Incorporation | 6, Florida Statutes, this | Florida Not For Prof | it Corporation adopts | the following |
| A. If amending name, enter the new name | of the corporation; | | | • |
| | | | | The new |
| name must be distinguishable and contain the "Company" or "Co," may not be used in the | | r "incorporated" or t | he abbreviation "Corp | o." or "Inc." |
| B. Enter new principal office address, if a | | | | |
| (Principal office address MUST BE A STRI | <u>EEI ADDKESS</u>) | | | |
| | | | | |
| | - | | · · · · · · · · · · · · · · · · · · · | _ |
| C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF) | | | · . | |
| | | | | |
| | | | | |
| | | | | |
| D. If amending the registered agent and/o | | | the name of the | |
| new registered agent and/or the new re | gistered office address | Si | | |
| Name of New Registered Agent: | | | | |
| | *** | | | |
| New Registered Office Address: | (Florida | street address) | | |
| | | | 171 | |
| - | (City) | ·· | Florida(Zip Code) | |
| New Registered Agent's Signature, if chan I hereby accept the appointment as registered | | | bligations of the position | on. |
| | | | | |
| Signat | ure of New Registered | toent if changing | ······································ | |

Page 1 of 4

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 | PT John D V Mike Jo SV Sally S | ones | |
|-----------------------------------|--------------------------------------|---------------------------------------|---|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| Change Add Remove | <u> </u> | RANALDO ALLEN | 7050 SHADY PINE COURT JACKSONVILLE FL 32244 |
| 2) Change Add Remove | <u>D</u> | NATALIE GRISSETT | 10523 MAIDSTONE COVE Dr JACKSONVILLE PL 32218 |
| 3) Change Add Remove | D | WYNETTA USSERY | 2712 FLORADALE Dr.S. JACKSONVILLE FL 32209 |
| 4) Change Add Remove | | · · · · · · · · · · · · · · · · · · · | |
| 5) Change Add Remove | | | |
| 6) Change Add Remove | | | |

| . If amending or adding additional Arti (attach additional sheets, if necessary). | (Be specific) |
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| The date of each amendment(s) adoption: | APRIL 16 2012 |
|---|--|
| Effective date if applicable: | · |
| | no more than 90 days after amendment file date) |
| • | |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were adopted b was/were sufficient for approval. | y the members and the number of votes cast for the amendment(s) |
| There are no members or members enti- adopted by the board of directors. | tled to vote on the amendment(s). The amendment(s) was/were |
| Dated NOVEM | BER 13 2012 |
| | Catallo |
| have not been select | vice chairman of the board, president or other officer-if directors ted, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary) |
| S. | PNDY or printed name of person signing) |
| (Typed | or printed name of person signing) |
| <u> </u> | easurer |
| (Title | of person signing) |