## N0700000033

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## COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Unity Community of Joy
DOCUMENT NUMBER: NO700000032
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elizabeth Rice (Name of Contact Person)
(Name of Contact Person)
Unity Community of Joy (Firm/Company)
708 Reading Place
Sun City Center, FL 33573 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ELizabeth Rice at (813) 922-6455  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section
Amendment Section Amendment Section  Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

	of	- 1	15 HIN 16 PH 1: 07
Unity	Community	yof Joy	15 JUN 16 PM 1: 07
(Name of Corporation as currently	filed with the Florida Dep	t. of State)	
NOTON	00000 32		
	ent Number of Corporation	ı (if known)	
, , , , , , , , , , , , , , , , , , , ,			
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation		orida Not For Profit Co	rporation adopts the following
A. If amending name, enter the new nam			
name must be distinguishable and contain to	SouthShore	e, Inc.	The new
name must be distinguishable and contain to	ne word "corporation" or '	"incorporated" or the ab	obreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the	<u>e name</u> .	l A	
B. Enter new principal office address, if	applicable:	NA	
(Principal office address MUST BE A STR	EET ADDRESS )	·	
C. Enter new mailing address, if applica	hla•	. 1 .	
(Muiling address MAY BE A POST OF		NH	
	<del>- 10.000</del>		<del></del>
D. If amending the registered agent and/	or registered office address	ss in Florida, enter the	name of the
new registered agent and/or the new r		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Name of New Registered Agent:	N	A	
Name of New Registered Agent.		· 1. · · · · · · · · · · · · · · · · · ·	<del></del>
-	(FI i	reet address)	
New Registered Office Address:	(Fioriaa sii	reet auuress)	
		FI.	7.1
<del>-</del>	(City)	, rior	ida (Zip Code)
			(Lip Couc)
New Registered Agent's Signature, if cha I hereby accept the appointment as register	nging Registered Agent:	th and accept the chlica	tions of the nosition
i nevely accept the appointment as register	sa ageni i am jamiliar wil - 1	m una accept the ootigat N_	юва ој те ромион.
	N	<u>r</u>	<del></del>
	Signature of New Registere	ed Agent, if changing	

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 Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	NA	
Add		
Remove		
2) Change	AM	
Add		
Remove		
3) Change	$A\alpha$	
Add		
Remove		
4) Change	NA	
Add		
Remove		
5) Change	AG	
Add		
Remove		
6) Change	NA	
Add		
Remove		
Kolilove	D 0.01	

If amending or adding additional Art (attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
	AV	V-12-07-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	<del></del>	

fhe date of each amendment(s) add	ption:	, if other than the
late this document was signed.		SECRETARY OF STATE DIVISION OF COMPORATIONS
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	15 JUN 16 PH 1:07
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the a	mendment(s)
There are no members or membadopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s	) was/were
Dated	WE 1, 305	
Signature	esalette Sice	
	man or vice chairman of the board, president or other officer	
	n selected, by an incorporator — if in the hands of a receiver, ppointed fiduciary by that fiduciary)	, irustee, or
E	Typed or printed name of person signing)	<u>:-</u>
	TREASURER	<del></del>
	(Title of person signing)	