N07000008168

(Requestor's Name)
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(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

109 B

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: kiawah community services INC					
DOCUMENT NUMI	BER: N07000008168				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corres	spondence concerning this matt	er to the f	ollowing:		
	Ilfrenise				
	(Name of	Contact P	'erson)		
	He	alth care	•		
•	(Firm	Compan	y)		
	220 5th	Avenue	North		
	(A	ddress)			·· ··
	ST peters	bura FL	. 33701		
	(City/ Stat				
	frenises				
	E-mail address: (to be used	for futur	e annual re	port notification	on)
For further information	n concerning this matter, please	call:			
Ilfrenise Charlema	gne	at (786	278-8722	
(Name o	of Contact Person)				Telephone Number)
Enclosed is a check for	the following amount made pa	ayable to	the Florida	Department of	State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filing ied Copy tional copy sed)		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section			Street Ac	Idress ent Section	•
Division of Corporations			Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

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. , kiawah sam	munity con	ione INC SECRET	
kiawah com (Name of Corporation as curr		the Florida Dent. of St	ARY OF STATE
	7000008168 mber of Corpora	·	
·	•	•	
ursuant to the provisions of section 617.1006 ne following amendment(s) to its Articles of I		s, this Florida Not For I	Profit Corporation adop
A. If amending name, enter the new name of	of the cornerati	On•	
I antenume name, cite, the new name,	or the corporati	<u> </u>	
The new name must be distinguishable and cobbreviation "Corp." or "Inc." "Company"			corporated" or the
•			
 Enter new principal office address, if apprincipal office address MUST BE A STREE 			
. Enter new mailing address, if applicable	e <u>:</u>		
(Mailing address MAY BE A POST OFF)	ICE BOX)	220 5th Avenue N	North
		ST petersburg FL	33701
) If an anding the registered agent and/on	nacistanad offic	o address in Florida on	stor the name of the
 If amending the registered agent and/or new registered agent and/or the new reg 			iter the name of the
Name of New Registered Agent:			
			
New Registered Office Address:	(Flo	rida street address)	
			, Florida
		(City)	(Zip Code)
ew Registered Agent's Signature, if chang hereby accept the appointment as registere			ept the obligations of t
position.	-		-
	Signature of Ne	w Registered Agent, if ch	anging

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)

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	<u>ion</u>
E. If amending or adding additional Articles, enter change(s) here:	
E. If amending or adding additional Articles, enter change(s) here:	
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
(ander dadarional sheets, y necessary). (Be specific)	
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	<u> </u>
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The date of each amendmen	t(s) adoption: 07/30/2009
Effective date if applicable:	(date of adoption is required)
	(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	ere 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 di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_07/3	0/2009
Signature	
hav	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, over court appointed fiduciary by that fiduciary)
	Ilfrenise Charlemagne
	(Typed or printed name of person signing)
	president
	(Title of person signing)

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