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TO: Amendment Section Division of Corporations

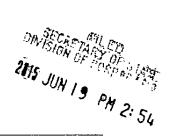
NAME OF CORPORATION: Elder	Quality of Life, Inc.		
N0800000	9737		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment a	nd fee are submitted for filing.		
Please return all correspondence concer	ning this matter to the followin	g:	
Catia Pisa			
	(Name of Conta	ct Person)	
Elder Quality of Life, Inc.			
	(Firm/ Com	pany)	
301 E. Ocean Avenue, Suite 3			
	(Addres	is)	
Lantana, FL 33462			
	(City/ State and	Zip Code)	
Cpisa@globalcapitalmtg.com			
E-mail addre	ess: (to be used for future annua	l report notification	1)
For further information concerning this	matter, please call:		
Catia Pisa		561 at	540-3830
(Name of C	Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following an	nount made payable to the Flor	ida Department of	State:
	Filing Fee & S43.75 Filing cate of Status Certified Copy (Additional coenclosed)	y Certií ppy is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)

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



Elder Quality of Life, Inc.			
(Name of Corporation	as current	ly filed with the Flor	ida Dept. of State)
N08000009737			
(Docun	nent Numbe	r of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes	s, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation	on:	
			The new
name must he distinguishable and contain the word "Company" or "Co." may not be used in the name		on" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS		301 E. Ocean Avenue, Suite 3	
) Lantana, FL 33462	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	301 E. Ocean Avenue, Suite 3		
(Manny duress MAY DE AT 1891 017 162 BOX		Lantana, FL 33462	
D. If amending the registered agent and/or registered agent and/or the new register			enter the name of the
Name of New Registered Agent:	Catia Pica		
nume by new negatives rigem.	301 E. Oce	ean Avenue, Suite 3	
		(FI	oridu street address)
<u>New Registered Office Address</u> :	Lantana		33462
	Lamana	(City)	Florida (Zip Code)
			(DIP VICEO)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen	Kegistered <u>/</u> it. Lam fgn	Agent: iiliar with and accept	the obligations of the position.
	(_	77>	<i>S</i> .
<u>-</u>		<u> </u>	<u>\ </u>
	Sig	gnature of New Regist	ered 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	<u>V</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	Catia Pisa	301 E. Ocean Avenue, Suite 3
X Add			Lantana, FL 33462
Remove			
2) Change	Т	David Kobrin	9245 Perth Road
Add			Lake Worth, FL 33467
X Remove			
3) Change	S	Marta Strong	328 N E Street
Add			Lake Worth, FL 33460
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

mending or adding additional Arti ach additional sheets,'if necessary).	(Be specific)
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· · · · · · · · · · · · · · · · · · ·	
	11.2
The Title By shall do the	

		June 16, 2015	
The	date of each ame	ndment(s) adoption:	if other than the
date	this document was	s signed.	
		June 16, 2015	
Effe	ctive date <u>if appli</u>		
		(no more than 90 days after amendment file date)	
		ted in this block does not meet the applicable statutory filing requirements, this date will not late on the Department of State's records.	be listed as the
Ado	ption of Amendm	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s was/were sufficient) was/were adopted by the members and the number of votes east for the amendment(s) at for approval.	
	There are no mem adopted by the bo	abers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.	
	Dated	June 16, 2015	
	Signature	Sorja Kobria President	
	Ü	(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)	_
		Sonja Kobrin	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	