

N10 0000004839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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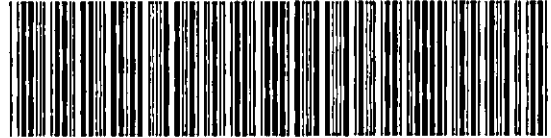
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

A Butler
5/1/21

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Palm Beach County Partnership for Aging, Inc.

DOCUMENT NUMBER: N10000004839

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith E. Gibson

(Name of Contact Person)

Palm Beach County Partnership for Aging, Inc.

(Firm/ Company)

1655 Palm Beach Lakes Blvd #1000

(Address)

West Palm Beach, FL 33401

(City/ State and Zip Code)

Kgibson.qlh5@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith E. Gibson

(Name of Contact Person)

at

561 310 4085

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

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Articles of Amendment
to
Articles of Incorporation
of

Palm Beach County Partnership for Aging, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N10000004239

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

(no change)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

(Florida street address)

New Registered Office Address:

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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TALLAHASSEE, FL

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change <u> x </u> Add <u> </u> Remove	<u>P</u>	<u>KELLY WILSON</u>	<u>PO BOX 542575</u> <u>GEENACRES, FL 33454</u>
2) <u> x </u> Change <u> </u> Add <u> </u> Remove	<u>VP</u>	<u>KEITH EDWARD GIBSON</u>	<u>PO BOX 542575</u> <u>GEENACRES, FL 33454</u>
3) <u> </u> Change <u> x </u> Add <u> </u> Remove	<u>T</u>	<u>NAOMI TINA SEGAL</u>	<u>PO BOX 542575</u> <u>GEENACRES, FL 33454</u>
4) <u> </u> Change <u> </u> Add <u> x </u> Remove	<u>PRESID</u>	<u>ROBBINS, RALPH</u>	<u>PO BOX 542575</u> <u>GREENACRES, FL 33454</u>
5) <u> </u> Change <u> </u> Add <u> x </u> Remove	<u>S, P</u>	<u>DECKER, AMY</u>	<u>PO BOX 542575</u> <u>GEENACRES, FL 33454</u>
6) <u> </u> Change <u> x </u> Add <u> </u> Remove	<u>S</u>	<u>DIANNE BRUCE</u>	<u>PO BOX 542575</u> <u>GEENACRES, FL 33454</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

RALPH ROBBINS IS BEING REMOVED AS PRESIDENT. KELLY WILSON IS NEW PRESIDENT.

AMY DECKER IS BEING REMOVED AS SECRETARY. DIANNE BRUCE IS SECRETARY.

KEITH GIBSON IS CORRECTING NAME TO KEITH EDWARD GIBSON.

NAOMI TINA SEGAL IS TREASURER.

The date of each amendment(s) adoption: 03/04/2021, if other than the date this document was signed.

Effective date if applicable: 03/04/2021
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 03/04/2021 _____

Signature Kelly Wilson
(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)

KELLY WILSON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)