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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Chestford Residential	and Rehabilitation	n Cent	er, Inc.		
DOCUMENT NUMBER:	N10000006611					
The enclosed Articles of Amend	iment and fee are subm	itted for filing.				
Please return all correspondence	concerning this matter	to the following:	•			
		Jo Frances Fo	orbes			
	(Name of Contact	Person)		
	Chestford Res	idential and Reha	bilitati	on Center,	Inc.	
		(Firm/ Compa	ıny)			
	6659 Veterans Memorial Drive					
<u> </u>		(Address)				··-
	1	allahassee, Florid	da 3230	19		
	(1	City/ State and Zi	p Code	:)		
	1	fforbes63@gmail	.com			
E-ma	I address: (to be used f	or future annual r	eport n	otification)	
For further information concerning	ng this matter, please c	all:				
Jo F	rances Forbes		at	850	509-1384	
(Nai	me of Contact Person)	<u> </u>	(Are	ea Code)	(Daytime Telephone N	umber)
Enclosed is a check for the follow	wing amount made pay	able to the Florid	a Depai	rtment of S	tate:	
	\$43.75 Filing Fee & C Certificate of Status	3\$43.75 Filing For Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy is sed)	
Mailing Address Amendment Section		Street Address Amendment Section				

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

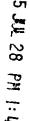
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Chestford Residential and Rehabilitation Center, Inc.

Chestioia Resi	definal and renaumation center, me.
(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
	N10000006611
· (Document)	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:
	The new
name must be distinguishable and contain the word "cor "Company" or "Co," may not be used in the name.	rporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	<u>PESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX))
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent:	
No Designal Office Address	(Florida street address)
New Registered Office Address:	
<u> </u>	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I described the second of the second	tered Agent: am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, 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	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Co-Trus	Clem Chester	6659 Veterans Memorial Drive
Add			Tallahassee, Florida 32309
Remove			
2) Change	<u> </u>	Tameeka L. Forbes	6659 Veterans Memorial Drive
Add			Tallahassee, Florida 32309
Remove	VP/COC	Leonard J. Forbes	6659 Veterans Memorial Drive
3) Change Add			Tallahassee, Florida 32309
Remove			
4) X Change	T/CFO	Anna Chester	6659 Veterans Memorial Drive
Add			Tallahassee, Florida 32309
Remove	·		
5) X Change	Co-Trus:	Gary Forbes	6659 Veterans Memorial Drive
Add			Tallahassee, Florida 32309
Remove			
6) X Change	P/CEO	Jo Frances Forbes	6659 Veterans Memorial Drive
Add			Tallahassee, Florida 32309
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

Organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making
of distributions to organizations that qualify as exempt organizations under Section 501c3 of the Internal Revenue Code, or
corresponding section of any future tax code. Upon dissolution of the organization, assets shall be distributed for one or
more exempt purposes within the meaning of section 501c3 of the Internal Revenue Code, or corresponding section of any
future federal tax code, or shall be distributed to the federal government, or to the state or local government, for a public
purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the
principal office of the organization is then located, exclusively for such purposes or to such organization or organizations as
said Court shall determine which are organized and operated exclusively for such purposes. The mission of the Chestford
Residential and Rehabilitation Center, Inc. is to assist youth between the ages of 6 and 17 in the areas of mental health
counseling, vocational education, and the development of spiritual/social/emotional skills for children of PTSD (Post
Traumatic Stress Disorder) Veterans and children of Parents/Guardians who have been clinically diagnosed as emotionally
handicapped.
·

		j 6/23/2015				
The	date of each amendment(s	adoption:	, if other than the			
date	this document was signed.	i				
	6	/23/15				
Effe	ective date <u>if applicable</u> :					
		(no more than 90 days after amendment file date)				
Not	e: If the date inserted in this	block does not meet the applicable statutory filing requirements, this date wil	l not be listed as the			
doc	ument's effective date on the	Department of State's records.				
Adoption of Amendment(s)		(CHECK ONE)	(CHECK ONE)			
	The amendment(s) was/were was/were sufficient for appr	e adopted by the members and the number of votes cast for the amendment(s) oval.				
	There are no members or me adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.				
	Dated 6/23/15					
	Signature	Intrances takes				
		airman or vice chairman of the board, president or other officer-if directors				
		been selected, by an incorporator - if in the hands of a receiver, trustee, or				
	other cou	rt appointed fiduciary by that fiduciary)				
		Jo Frances Forbes				
		(Typed or printed name of person signing)				
		President/Founder/CEO				
		(Title of person signing)				
		1				