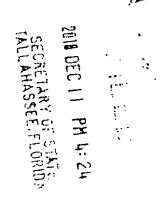
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Chestford Kesidential & Rehabilitation Center, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jo Frances Forbes
(Name of Contact Person) 6659 Veterans Memorial (Address) allahasseeg For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☑\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tailahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation
Chest Ford Residential & Rehabilitation Center, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)
N1000006611
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp. "Techno." "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)
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: Jo Frances C. Forbes (6659 Veterans Memorial Drive
New Registered Office Address: [City] New Registered Office Address: New Registered Office Address: [City] New Registered Office Address: [City] New Registered Office Address: [City] [City]
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

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 I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name —	<u>Addres</u> s
1) Change	<u>S</u>	Jameeka F. Marce	I <u>m 6659 Veterans Mem</u> Tallahassee, FL 32309
Add Remove			
2) Change	CEO 1	Leonard T. Forbes (Vice President)	6659 Vet. Mem. Dr. Tall., FL. 32309
X Remove — 3) Change Add Remove	CEO Presiden	Jo Frances Forbes	6459 Veterans Mem. Dr. Tallahassee, Fl 3230
4) Change	·		
Remove			
5) Change			
Remove			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add		Page 2 of 4	

amending or adding additional Arti tach additional sheets, if necessary).	(Be specific)					
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The date of each amendment(s) ad	option:	, if other than the
late this document was signed.		
Iffective date <u>if applicable</u> :	/2-//- 20/8	
meetive date in appricable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloo locument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes east for the amendment(s) l.	, .
There are no members or members adopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/were prs.	
Dated	2-6-2018	
Signature	man or vice chairman of the bbard, president or other officer-if directors	
have not bee	man or vice enairman of the board, president of other of necessary an selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
.,	To Frances Forbes (Typed or printed name of person signing)	
	(Typed of printed frame of person signing)	
<u>.</u>	Tresident harman	
	(Title of person signing)	