N11000005346

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	,
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filina Officer:	
	g	

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Empower C	Cala of Marion County, I	nc.
DOCUMENT NUM	BER:		
The enclosed Articles	of Amendment and fee are	submitted for filing.	
Please return all corre	spondence concerning this r	natter to the following:	
	Drexel T. Brunso	on	
	(Name	e of Contact Person)	
		Marion County, Inc.	
	(F	Firm/ Company)	
	1827 NE 14th Stree	(Address)	
		(Addicess)	
	Ocala, FL 34470	State and Zip Code)	
	` •	•	
	florala_ocala@hotm	nall.com used for future annual report notific	ation
For further information	on concerning this matter, pla	•	
Drexel T. I	Brunson	at (<u>352</u>) <u>351–182</u>	27
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check for	or the following amount mad	le payable to the Florida Departmen	at of State:
□ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Maili</u>	ng Address	Street Address	is chicloscu)
	dment Section	Amendment Section	
	on of Corporations	Division of Corporation	ons
	Box 6327	Clifton Building	- Cimala
i allah	assee, FL 32314	2661 Executive Cente	r Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

11 MILLED	
11 JUN 16 PM 2:	/3

Empower Ocala	of Marion County, Inc. \int_{AI}^{AI}	Cherany " 2: 13
(Name of Corporation as c	urrently filed with the Florida Dept. of Sta	ICHASSEE STATE
NIDOD	1005346	CHETARY OF STATE ACHASSEE, FLORIDA
	Number of Corporation (if known)	
Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles of A. If amending name, enter the new name	-	rofit Corporation adopts
The new name must be distinguishable an abbreviation "Corp." or "Inc." "Compan	nd contain the word "corporation" or "inco y" or "Co." may not be used in the name.	orporated" or the
B. Enter new principal office address, if (Principal office address MUST BE A STI		
C. Enter new mailing address, if application (Mailing address MAY BE A POST Of		
D. If amending the registered agent and/or the new registered agent	or registered office address in Florida, ent registered office address:	er the name of the
Name of New Registered Agent:		-
New Registered Office Address:	(Florida street address)	_
		_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as regist position.	anging Registered Agent: tered agent. I am familiar with and accep	ot the obligations of the
	Signature of New Registered Agent, if cha	nging

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
D VP	Francis M. Frick, Jr.	4814 SE 10th Place Ocala, FL 34471	⊠ Add □ Remove
D VP	Gary L. Linn	1422 NE 15th Place Ocala, FL 34470	
		~~~	
E. If am (attack	ending or adding additional Articles, e h additional sheets, if necessary). (Be s	nter change(s) here:	

The date of each amendment(s) adopt	ion:6/1/11
. •	(date of adoption is required)
Effective date if applicable:	
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)
There are no members or members of adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were
Dated6/6/11	
Signature	
(By the chair have not bee	man or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, oppointed fiduciary by that fiduciary)
D	Prexel T. Brunson
	(Typed or printed name of person signing)
	President
<del></del>	(Title of person signing)