N1100000 8848

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TALLAHASSEE FLORING

FEB 1 1 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	The Key F	laven Grou	o Home Inc		
DOCUMENT NUMBER:	N110000088	348			
The enclosed Articles of Am	endment and fee are subm	nitted for filing.			
Please return all corresponde	ence concerning this matte	r to the following:			
Shawn L Dov	vns				
		(Name of Contact Person	n)		
The Key Hav	en Group Ho	ome Inc	•		
		(Firm/ Company)		DEC.	<u>.</u>
300 Key Have	en Dr			>	- 833
		(Address)			ე
Sanford/FI/32	2771			Ξ실	04:4 H9
		(City/ State and Zip Cod	e)		0
thekey	/haven@aol	.com		" ~~	
F	-mail address: (to be used	for future annual report	notification)	-	
For further information conc	erning this matter, please	call:			
Shawn L Downs		_{at (} 407	5626374		
(Name of Co	ntact Person)	(Area C	ode & Daytime Telephone N	lumber)	
Enclosed is a check for the f	ollowing amount made pay	yable to the Florida Depa	artment 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor 266 l	Address Idment Section In of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

The Key Haven Group Home Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

N11000008848

(Document Number of Corporation (if known)

mendment(s) to its Articles of Incorporat			
u. <u>If amending name, enter the new na</u> N/A	me of the corporati	<u>on:</u>	The i
ame must be distinguishable and contain Company" or "Co." may not be used in		ion" or "incorporated" or th	
B. Enter new principal office address, i Principal office address MUST BE A ST	if applicable:	N/A	
<u> </u>			·····
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
If amending the registered agent and new registered agent and/or the new			the name of the
Name of New Registered Agent:	N/A		
Name of New Registered Agent.	300 Key Ha	ven Dr	
		Florida street address)	
New Registered Office Address:			
'New Registered Office Address:			Florida 32771
'New Registered Office Address:			Florida 32771 (Zip Code)

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 <u>Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	Officer	Shawna Downs/Edwards	300 Key Haven Dr Sanford Fl 32771
2) Change Add Remove			
3) Change Add Remove			TAL TAL
4) Change Add Remove			RELIVANT OF STA
5) Change Add Remove			<u> </u>
6) Change Add Remove			

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

Article III

The specific purpose for which this corporation is organized is:
This charitable corporation is created exclusively to provide "relief of the poor, the distressed, or underprivileged" children
of our community. These are in the majority of the cases poor underprivileged children who have been abused and neglected
by their parents or legal guardians. This abuse and neglect causes the child to be removed from their home sometimes in-
definitely. The Key Haven soley exist to care for these children by providing quality housing and guidance. The Key Haven's affairs and
activities are strictly limited to providing care for children in need.
Upon dissolution of The Key Haven, all assets will be distributed to a non profit organization that will further the cause of providing
relief to children in need, and that is exempt as described in section 501(c)(3).
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late	, if other than the			
	te this document was signed. O1/29/2014 ffective date if applicable:			
		(no more than 90 days after amendment file date)		
Ada	option of Amendment(s)	(CHECK ONE)		
	The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.		
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.		
	Dated 01/	29/2014		
	Signature	e 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 court appointed fiduciary by that fiduciary)		
	Shawn L Downs (Typed or printed name of person signing)			
	Preside	ent		
		(Title of person signing)		

TALLAHASSEE, FLORIDA