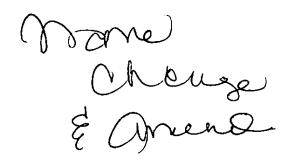
N12000002134

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

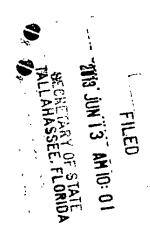
Office Use Only



300248689913



06/13/13--01006--016 **35.00



6 18 13

COVER LETTER

. 1

TO: Amendment Section
Division of Corporations

-,						
NAME OF CORPORATION: TURNING P	oint Transit	ional Homes, Inc.				
DOCUMENT NUMBER: N12000002	134					
The enclosed Articles of Amendment and fee are subr	mitted for filing.					
Please return all correspondence concerning this matte	er to the following:					
Sylvia P. Johnson		·				
	(Name of Contact Person	n)				
Turning Point Transitional Homes, Inc.						
(Firm/ Company)						
8060 NW 96 Terrace, Suite 108						
	(Address)					
Tamarac, FL 33321						
	(City/ State and Zip Code	e)				
sylvia@tpservices.org						
E-mail address: (to be used	for future annual report t	notification)				
For further information concerning this matter, please	call:					
Sylvia P. Johnson	954	240-8574				
(Name of Contact Person)	(Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount made pa	yable to the Florida Depa	urtment of State:				
\$35 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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301				

Articles of Amendment to Articles of Incorporation of

FILED

(Name of Corporation as currently filed with the Florida Dept. of State) N12000002134 (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: Turning Point Transitional Services, Inc. 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: (Mailing address MUST BE A STREET ADDRESS) N/A 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: N/A N/A Florida Flori	Turning Point Transitional Homes, I	inc.	. 2819 JUN 13 AM IU	
(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: Turning Point Transitional Services, Inc. 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) 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: Name of New Registered Agent: N/A (Florida street address) N/A (Florida street address) N/A (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	(Name of Corporation as currently filed with the Fl	lorida Dept, of State)	BECKE LARY OF STA	
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: Turning Point Transitional Services, Inc.	N12000002134	•	TALLAHASSEE. PLUT	
A. If amending name, enter the new name of the corporation: Turning Point Transitional Services, Inc. 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) 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: Name of New Registered Agent: N/A (Florida street address) N/A (Florida street address) N/A (City) New Registered Agent's Signature, if changing Registered Agent:	(Document Number of Corpo	oration (if known)	- 102 - 100 - 10	
Turning Point Transitional Services, Inc. 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) 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: N/A (Florida street address) N/A (Florida street address) N/A (City) New Registered Agent's Signature, if changing Registered Agent:	•	ntes, this Florida Not For Profit Corporation	adopts the following	
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) 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: N/A (Florida street address) New Registered Office Address: N/A (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	A. If amending name, enter the new name of the corpora	ation:		
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) 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: N/A (Florida street address) New Registered Office Address: N/A (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	Turning Point Transitional Services,	Inc.	The new	
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: N/A (Florida street address) New Registered Office Address: N/A (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	"Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:	N/A	on "Corp." or "Inc."	
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: New Registered Office Address: N/A (City) New Registered Agent's Signature, if changing Registered Agent:	C. Enter new mailing address, if applicable:			
Name of New Registered Agent: New Registered Office Address: N/A New Registered Office Address: N/A (City) New Registered Agent's Signature, if changing Registered Agent:	(Mauing auaress MAI BE A POST OFFICE BOX)			
Name of New Registered Agent: New Registered Office Address: N/A (Florida street address) N/A (City) New Registered Agent's Signature, if changing Registered Agent:			<u>the</u>	
New Registered Office Address: N/A , Florida , City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	N/A	address:		
N/A , Florida , (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:		(Florida street address)		
(City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:				
New Registered Agent's Signature, if changing Registered Agent:	N/A			
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.	(City	y) (Zip Code)		
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Registered Agent's Signature, if changing Registere	ed Agent:		
	I hereby accept the appointment as registered agent. I am j	familiar with and accept the obligations of t	he position.	

Page 1 of 4

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

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

Said Corporation is organized exclusively for charitable and educational purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (C)(3) of Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (C) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, Or shall be distributed to the federal government, or to a state or local government for public purpose. Any such assets not so disposed of shall be disposed of by Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organizations, as said Court shall determine, which are organized and operated exclusively for such purpose.

The date of each amendment(s) adoption: June 10, 2013 June 10, 2013 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 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. June 10, 2013 Dated Signature (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) Sylvia P. Johnson (Typed or printed name of person signing) President (Title of person signing)