(Requestor's Name)	
(Address)	200246
(Address)	<u>.</u>
(City/State/Zip/Phone #) . PICK-UP WAIT MAIL	⊇∪⊔2 04/15/13-
(Business Entity Name) (Document Number)	
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SECRETARY OF STATE
MELALIASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

TNAME OF CORPORATION: Oliver-Rol	lins Alzheime	er's Foundation Inc.
DOCUMENT NUMBER: N13000002	:692	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Darien Oliver		
	(Name of Contact Person	n)
	(Firm) Commons	
4045 Adama A	(Firm/ Company)	
1815 Adams Ave		
	(Address)	
Sanford, FL. 32771		·
	(City/ State and Zip Cod	e)
OliverRollins.2013		
For further information concerning this matter, please	•	
Darien Oliver	407	800-1790
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	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)	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 Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

	•	
	Articles of Amendment	
	to	
	Articles of Incorporation of	n 17 -
Oliver-Rollins	_	Carolistication of PH
(Name of Corporation as currently f		10 14LI //S/19
N/30000 2692		MELALINGSEE. FIS
(Document N	umber of Corporation (if known)	- LU,
amendment(s) to its Articles of Incorporation		or Far Profit Corporation adopts the following
A. If amending name, enter the new name	of the corporation:	
The Alice T. Oli	ver Alzheimer	Foundation Inc. The new
name must be distinguishable and contain the	e word "carporation" or "incorpo	rated" or the abbreviation "Corp," or "Inc."
"Company" or "Co." may not be used in the	name.	. 1.
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STRI</u>		1. P.C. 52701
C. Enter new mailing address. It applicable (Mailing address MAY BE A POST OF)		
D. If amending the registered agent and/o new registered agent and/or the new re-		rida, enter the name of the
Name of New Registered Agent:	Dorien Oliver	
زر	1815 Adam me So	Mord, 61.32171
New Registered Office Address:	iFlonda street addre	0 1
ک	My forch	
No. Delicand Annal Cincoln 10 1	nto ay	
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	tine Registered Agent: dagent. I am familiar with and w	exept the obligations of the position
1	nuin 200	/n0 n
Signat	ure of New Registered Agent, if ch	mging

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>Mi</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PD	Carlton Manning	500 W. Airport Blvd. #1707
X Remove			Sanford, FL. 32773
2)Change	V	Felicia Oliver	1261 Dunbar Ave
X Add		•	Lake Monroe, FL.32747
3) Change	Τ	Tavi Brown	1152 Dunbar Ave
X Add			Lake Monroe, FL.
4) X Change	S	Kendra Curry	274 Brassington Drive
Add			Debary, FL. 32713
5)Change			
Add			
Remove			
6) Change		<u></u>	
Add			
Remove			

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
·	
	
	
 	
	
	
	

[he d	date of each amendment(s) adoption: April 10, 2013
	tive date if applicable:
	(no more than 90 days after amendment file date)
Adop	otion 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.
	Dated April 11,2013
	Signature Lange & Olio
	(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)
	Darien Oliver
	(Typed or printed name of person signing)
	President
	(Title of person signing)