

N44 0000016203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAR 14 2023

Office Use Only



700403170037

2023 MAR -8 AM 8:09
SECRETARY
TALLAHASSEE, FL

2023 MAR -8 PM 1:20
CLERK
TALLAHASSEE, FL

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORRECTED
Please Allow For
Same File Date

March 9, 2023

CT

SUBJECT: EHDOC STANLEY AXLRD TOWER CHARITABLE
CORPORATION
Ref. Number: N14000006203

We have received your document for EHDOC STANLEY AXLRD TOWER CHARITABLE CORPORATION and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

If you choose to file the Articles of Amendment, please remove the wording shown on page 2 of the document at the bottom of the page stating "see attached Amended and Restated Articles of Incorporation 5 pages" as we are not able to file the amended and restated articles as an attachment.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 523A00005568

RECEIVED
2023 MAR 13 PM 12:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 03/09/2023

Acc#I20160000072

W: C DW

Name:	EHDOC Stanley Axlröd Tower Charitable Corporation
Document #:	
Order #:	14822652 .1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications

--

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 43.75

Thank you!

Articles of Amendment
to
Articles of Incorporation
of

2023 MAR -8 AM 8:30
SECRETARY
TALLAHASSEE, FL

EHDOC Stanley Axrod Tower Charitable Corporation

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

N14000006203

(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:

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)

1200 S. Pine Island Rd.

Suite 725

Plantation, Florida 33324-4408

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1200 S. Pine Island Rd.

Suite 725

Plantation, Florida 33324-4408

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: Elderly Housing Development and Operations Corporation

1200 S. Pine Island Rd., Suite 725

(Florida street address)

New Registered Office Address:

Plantation

(City)

Florida 33324-4408

(Zip Code)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Christopher M. Shelton</u>	<u>929 Dean Avenue</u> <u>Bronx, New York 10465-1609</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>William J. Holayter</u>	<u>211 Tippy Toe Trail</u> <u>Anaconda, Montana 59711</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Maria C. Cordone</u>	<u>9000 Machinists Place</u> <u>Upper Marlboro, Maryland 20772</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Erica Schmelzer</u>	<u>1220 N. 74th Terrace</u> <u>Hollywood, Florida 33024</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Melanie Ribeiro</u>	<u>3086 NW 83rd Way</u> <u>Cooper City, Florida 33024</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Edward L. Romero</u>	<u>6900 San Vicente Avenue, NE</u> <u>Albuquerque, New Mexico 87109</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

(Attach additional sheets, if necessary)

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.

Example:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
X Add	<u>SV</u>	<u>Sally Smith</u>

Title

Name _____

Address

1) $\frac{x}{\quad}$ Change
 $\frac{\quad}{\quad}$ Add
 Remove

13

Sherwood Dubois

1605 N.W. 188th Terrace
Miami Gardens, Florida 33169

2) _____ Change
 _____ Add
 _____ Remove

3) _____ Change
 _____ Add
 _____ Remove

4) ☐ Change
☐ Add
☐ Remove

1

5) ☐ Change
☐ Add
☐ Remove

10


6) ☐ Change
☐ Add
☐ Remove

(attach additional sheets, if necessary). (Be specific)

☒ 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 March 10, 2023

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)

Christopher M. Shelton

(Typed or printed name of person signing)

President

(Title of person signing)