

N15000009289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

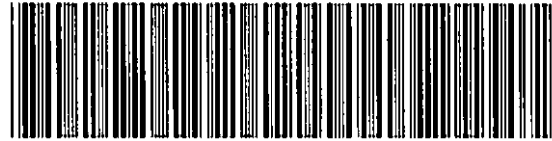
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
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OCT 17 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 19, 2017

SHEILA BELLE  
6408 JENNINGS RD  
ORLANDO, FL 32818

SUBJECT: PINE HILLS SENIORS, INC.  
Ref. Number: N15000009289

We have received your document for PINE HILLS SENIORS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 4 cannot be left blank. Please complete page 4 and resubmit.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 917A00014619

Pine Hills Seniors Inc.  
6408 Jennings Rd  
Orlando  
Fl. 32818

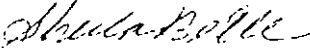
October 12, 2017

Dear Madam,

As a result of my inquiry today you indicated that our amendment was rejected due to an incomplete page 4. I regret that I did not receive the earlier notification. I am resubmitting the enclosed completed application.

Thank you for your cooperation.

Sheila Belle



President

Pine Hills Seniors Inc.

501 (C) (3)

[www.pinehillsseniors.org](http://www.pinehillsseniors.org)

[pinehillsseniors@gmail.com](mailto:pinehillsseniors@gmail.com)

"We Share Because We Care"

RECEIVED  
17 OCT 16 PM 12:16  
DEPARTMENT OF STATE  
DIVISION OF DOCUMENTS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: PINE HILLS SENIORS, INC.

DOCUMENT NUMBER: N15000009289

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sheila Belle

(Name of Contact Person)

PINE HILLS SENIORS, INC.

(Firm/ Company)

6408 JENNINGS RD

(Address)

ORLANDO, FL 32818

(City/ State and Zip Code)

pinehillsseniors@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheila Belle

407

254 9100

at

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
17 OCT 16 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

PINE HILLS SENIORS, INC. (N15000009289)

(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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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 type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input 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 type="checkbox"/> Change	<u>S</u>	<u>Ona Taylor</u>	<u>3309 Beazer Drive</u>
<input type="checkbox"/> Add			<u>Ocoee, Florida 34761</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>D</u>	<u>Conrad Taylor</u>	<u>3309 Beazer Drive</u>
<input type="checkbox"/> Add			<u>Ocoee, Florida 34761</u>
<input checked="" type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u>S</u>	<u>Bridget Monroe</u>	<u>902 W Concord Street</u>
<input checked="" type="checkbox"/> Add			<u>Orlando, Florida 32805</u>
<input type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u>D</u>	<u>Gail Bradshaw</u>	<u>3447 Lake Tiny Circle</u>
<input checked="" type="checkbox"/> Add			<u>Orlando, Florida 32818</u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u>D</u>	<u>Glen Providence</u>	<u>15335 Oak Apple Court</u>
<input checked="" type="checkbox"/> Add			<u>Winter Garden, Florida 34787</u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

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

NOT APPLICABLE

The date of each amendment(s) adoption: 7/14/17, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 10/12/17

Signature Sheila E. Belle  
(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)

SHEILA E. BELLE  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)