NI6000038973

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
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PROBETABY OF STATE



COVER LETTER

TO: Amendment Section
Division of Corporations

The Fair H	avens Inc.				
N16000008973					
DOCUMENT NUMBER:					- -
The enclosed Articles of Amendment and fe	ee are submitted for t	filing.			
Please return all correspondence concerning	this matter to the fo	llowing:			
Denise Horne					
	(Name of	Contact Person)			
	(Firm	/ Company)			
522 State Rd 559					
	(4	Address)			
Auburndale, FL 33823					
	(City/ Sta	te and Zip Code)	******		
E-mail address: (to be used for future	annual report no	iification)	1.00
For further information concerning this matt	ter, please call:				
Denise Horne		863 at		965-1161	
(Name of Cont.	act Person)		Code)	(Daytime Telepho	one Number)
Enclosed is a check for the following amount	nt made payable to the	ne Florida Departi	ment of S	State:	
☐ \$35 Filing Fee ☐ \$43.75 Fili Certificate		ed Copy onal copy is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section		Street A		on	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

The Fair Havens Inc	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
N16000008973	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute mendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the follow
. If amending name, enter the new name of the corporati	on:
and the Post of Life	The
came must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp.; or "In
B. Enter new principal office address, if applicable:	522 State Rd 559
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Auburndale, FL 33823
	7.0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	522 State Rd 559
	Auburndale, FL 33823
 If amending the registered agent and/or registered offic new registered agent and/or the new registered office a 	
	<u></u>
Name of New Registered Agent: 522 State	D.4.550
J22 State	(Florida street address)
New Registered Office Address:	(7 Torrida sircer adaress)
Auburnda	le 33823
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am far	
	gnature 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 <math>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>M</u>	hn Doe ike Jones Illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PD	Denise Horne	522 State Rd. 559
Add			Auburndale, FL 33823
Remove			
2) X Change	TD	Mary McGill	1008 W. Lake Marion RD
Add			Haines City, FL 33844
Remove			
3) X Change	DS	Marilyn Bruce	525 Sunset Lane
Add			Auburndale, FL 33823
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•	ssary). (Be specific)		

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	<u>. —</u>		

	this document was	signed.
Eife	ective date <u>if applic</u>	
		(no more than 90 days after amendment file date)
		ed in this block does not meet the applicable statutory filing requirements, this date will not be listed as the te on the Department of State's records.
Ada	option of Amendme	ent(s) (<u>CHECK ONE</u>)
	The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.
	adopted by the bo	
	Dated	9-19-2016 Denie Horne
	Signature	Lenese Horne
		(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)
		Denise Horne
		(Typed or printed name of person signing)
		President
		(Title of person signing)