N180000011Lelo

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Solom	non's Porch of Keystone Heigh	nts, Inc.		
DOCUMENT NUMBER:	1166			
The enclosed Articles of Amendment a	nd fee are submitted for filing			
Please return all correspondence concer	ning this matter to the following	ng:		
Timothy Givens				
	(Name of Cont	act Person)		
	(Firm/ Con	npany)		
7182 White Plains Way				
	(Addre	ss)		
Keystone Heights, FL 32656				
	(City/ State and	Zip Code)		
	ss: (to be used for future annu-	al report noti	ification)
For further information concerning this i	natter, please call:			
Timothy Givens		352 at		642-6189
(Name of C	ontact Person)		Code)	(Daytime Telephone Number)
Enclosed is a check for the following am	ount made payable to the Flor	rida Departm	ent of S	itate:
	Filing Fee & \$\sum \$\\$43.75 \text{ Filing} ate of Status Certified Cop (Additional coenclosed)	y	Certific	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporatio 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

Solomon's Porch of Keystone Heights, Inc.

2018 APR 25 PM 4: 26

(Name of Corporation N18000001166	i as currency	med with the Piolic	_	IALLANASSEF, FI	
(Docum	ment Number	of Corporation (if kno			
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	orida Statutes,	this <i>Florida Not For</i>	Profit Corporation	adopts the following	
A. If amending name, enter the new name of the	e corporation	ı <u>:</u>			
				The new	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		n" or "incorporated"	or the abbreviation	on "Corp." or "Inc."	
B. Enter new principal office address, if applicable:		290 S. E. Palmetto Avenue			
(Principal office address MUST BE A STREET A	(DDDCCC)	(Keystone Heights, FL 32656			
	_				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	7 (ROX)	182 White Plains Wa	у		
(Mauing address MAT BE A FOST OFFICE BOX)		Keystone Heights, FL	32656		
	_	,		•	
D. If amending the registered agent and/or regis	- stered office :	address in Florida, e	nter the name of	the	
new registered agent and/or the new register				<u></u>	
Name of New Registered Agent:	Timothy Giv	vens			
	7182 White	Plains Way			
New Registered Office Address:		(Flor	ida street address)	.	
	Keystone He	eights	Flan	32656	
		(City)	, Flor (Zi	p Code)	
New Registered Agent's Signature, if changing F	Registered Ac	zent:			
I hereby accept the appointment as registered agen	nt. I am famil	iar with and accept th	ne obligations of th	e position.	
	1	11/.			
<i>f</i>	Sion	payure of New Register	red Agent, if chang	ring	

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>Mil</u>	n Doe ke Jones ky Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	Lyndel M. Hale	4759 Gadara Road
Add			Keystone Heights, FL 32656
X Remove			
2) Change	T	Tracy Hale	4759 Gadara Road
Add			Keystone Heights, FL 32656
X Remove			
3) Change	<u>S</u>	Peyton M. Hale	2311 S. E. 109th Street
Add			Keystone Heights, FL 32656
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
-			
Add			
Remove			

f amending or adding attach additional sheets	i, if necessary).	(Be specific)				
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The date of each amendment	i(s) adoption:, if other than the
late this document was signed	•
·	4/13/18
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
	his block does not meet the applicable statutory filing requirements, this date will not be listed as the behavior of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) oproval.
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.
have r	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) Indel M. Hale (Typed or printed name of person signing)
Pre	(Title of person signing)