PERCOSTI

-		
(Requ	uestor's Name)	
(Addı	ress)	
(Addr	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nai	me)
(Doc	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	
	Office Use Or	nlv



400317442264

08/37/18--01019--003 **43.75

And

2018 SEP 17 AM 8: 10 SECRETARY OF STATE

R. WHITE SEP 1 9 2018

COVER LETTER

ţ.;

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SeniorSafe.Inc		. 			
DOCUMENT NUMI	BER: N18000004754					
	of Amendment and fee are sub	omitted for filing.				
Please return all corre	spondence concerning this mat	ter to the following:				
	David O. Wilkins					
		Name of Contact Persor	1			
SeniorSafe Inc.						
	Firm/ Company					
	1326 W. North Blvd, Suite	4				
		Address				
	Leesburg FL 34748					
		City/ State and Zip Code	2			
thevi	llagesteam@seniorsafety.cl	ub				
		ed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	e call:				
David O Wilkins		at (352	391-4730)			
Name	of Contact Person	Area Code & Daytime Telephone Numb				
Enclosed is a check for	or the following amount made p	payable to the Florida Depo	artment of State:			
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle			

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2018

DAVID O. WILKINS 1326 W. NORTH BLVD STE 4 LEESBURG, FL 34748

SUBJECT: SENIORSAFE INC. Ref. Number: N18000004754

Resubmission enclosed

We have received your document for SENIORSAFE INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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: 018A00018184

Division D.O. POV 6297 Tollahaggaa Florida 22314

Articles of Amendment to Articles of Incorporation of



SeniorSafe Inc.		2018 SEP 17 AM 8: 10
(Name of Corporation as cu	rrently filed with the l	Torida Dept. of State) SECRE IMRY OF STATE
N18000004754		TALLAHASSEE, FL
(Document N	umber of Corporation (f known)
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorpore	ned" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>:SS</u>)	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered	office address in Flori	da, enter the name of the
new registered agent and/or the new registered offi	ice address:	
Name of New Registered Agent:		
New Registered Office Address:		(Florida street address)
		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe		
I hereby accept the appointment as registered agent. I ar		ept the obligations of the position.
	Signature of Nov. D.	gistered Agent, if changing
	— ыўнаанге оў ічеж кез	лыстса муст, у спануту

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>	<u>m Doe</u> ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Katina Pantazis	13710 N. US HWY 441
Add			Suite 500
X Remove			The Villages FL 32159
2) Change	D	Kevin Branch	13940 N. US 441
Add	_ _		Suite 802
X Remove			The Villages FL 32159
3) Change	D	Angela Wilkins	1326 W. North Blvd
X Add			Suite 4
Remove			Leesburg FL 34748
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
Purpose: SeniorSafe Inc. is an educat	tional public charit	y formed to prov	ide information t	o individuals a	nd busines
				 -	
				-	
	- ++-				
	<u> </u>				
		<u>,, = -</u>			
·					
J					
	,		<u>-</u>		
		* •			
10					
		·			
			<u></u>		
				<u> </u>	

		8-8-18	if ash ar shan sh
	date of each amendmenthis document was signed		, if other than the
	ctive date if applicable:	9-1-18	
		(no more than 90 days after amendment file date)	
		his block does not meet the applicable statutory filing requirements, this date will no the Department of State's records.	t be listed as the
Ad o	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.	
	There are no members o adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated 8-8-	18	
	Signature	1/al aluk	
	have	e 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)	
	D	avid Wilkins	
	_	(Typed or printed name of person signing)	
	P	resident	
		(Title of person signing)	