M19000003989

(Requestor's Name)
(Address)
,
(A.Li)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry (Value)
4444
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

NAME OF CORPORATION: SONIOR CONC. Navigation Group							
DOCUMENT NUMBER: N19000003989							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Minsome McLeod							
(Name of Contact Person)							
Senior Care Novigator Group							
(Firm/ Company)							
1367 Climbing Rose Lane							
(Address)							
West Palm Beach Florida 33415							
(City/ State and Zip Code)							
sinavigators@gmoil com							
12-Hard address, (to be used for startife annual report notification)							
For further information concerning this matter, please call:							
Winsome MELEOD = 561-371-7680							
(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:							
S35 Filing Fee							
NA DE LA ALE							

Mailing Address

TO: Amendment Section

Division of Corporations

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 Articles of Incorporation (Name of Corporation as currently filed with the Florida Dem (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: 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: X Change X Remove X Add	PT John D Y Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	P	Winsome McLead	1357 (Limbing Ros
Add Remove			Florida 33416
2) Change			
Add Remove			
3) Change Add			
Remove			
4) Change			
Add Remove			
5) Change		<u></u>	
Add Remove			
6) Change			
Add			
Remove			•

E. If amending or adding additional Articles, enter change(s) here:							
(attach additional sheets, if necessary)	(Be specific)						
11.00.00							
							
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The date of each amendment(s) adoption date this document was signed.	n:	8/20	019	, if other than the
Effective date if applicable:	(m. m. m. d. m. 00) 1 mm	.G	out Classical	
	(no more than 90 days o	apter amename	ni jue aaie)	
Note: If the date inserted in this block document's effective date on the Departme		e statutory fili	ng requirements, this	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the	number of vo	tes cast for the amend	lment(s)
There are no members or members er adopted by the board of directors.	ntitled to vote on the ame	endment(s). T	he amendment(s) was	/were
Dated	12019			
Signature	Cler Do	od_		
have not been sele	r vice chairman of the be cted, by an incorporator ited fiduciary by that fid	– if in the han		
	linsome P	<u>Nele</u>	od	
	(Typed or print	ed name of pe	rson signing)	
<u></u>	resident			
	(Tit	le of person si	gning)	