

N19727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

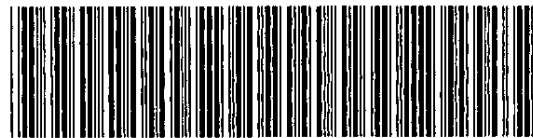
(Document Number)

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04/27/17--01018--024 \*\*35.00

FILED  
2017 MAY 12 PM 1:20  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

Amend

MAY 17 2017

D CONNELL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 1, 2017

HUGH G. DENT  
COLUMBIAN HOME OF LAKE PLACID, INC.  
POST OFFICE BOX 1081  
LAKE PLACID, FL 33862

SUBJECT: COLUMBIAN HOME OF LAKE PLACID, INC.  
Ref. Number: N19727

We have received your document for COLUMBIAN HOME OF LAKE PLACID, 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):

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 check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 217A00008473

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: COLUMBIAN HOME OF LAKE PLACID INC

DOCUMENT NUMBER: N 19727

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

Please return all correspondence concerning this matter to the following:

HUGH G DENT

(Name of Contact Person)

COLUMBIAN HOME OF LAKE PLACID INC

(Firm/ Company)

PO BOX 1081

(Address)

LAKE PLACID, FL 33862

(City/ State and Zip Code)

SCHOOLSTUFF79 @ YAHOO.COM

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

For further information concerning this matter, please call:

HUGH G DENT

(Name of Contact Person)

at 863-465-9729

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

MAILED IN

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

RECEIVED

17 MAY 12 PM 12:41

Articles of Amendment  
to  
Articles of Incorporation  
of

COLUMBIAN HOME OF LAKE PLACID, INC.

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

119727

(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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

2017 MAY 12 PM 1:20  
TALLAHASSEE, FLORIDA

FILED

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 checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- |   |          |                          |                          |
|---|----------|--------------------------|--------------------------|
| 1) <input checked="" type="checkbox"/> Change | <u>P</u> | <u>WILLIAM BRAINARD</u>  | <u>719 LAKE JUNE RD</u>  |
| <input checked="" type="checkbox"/> Add       |          |                          | <u>LAKE PLACID FL</u>    |
| <input checked="" type="checkbox"/> Remove →  |          | <u>GONSALVES GORDON</u>  | <u>33852</u>             |
| 2) <input type="checkbox"/> Change            | <u>V</u> | <u>DOUGLAS FINN</u>      | <u>231 REDWOOD DR.</u>   |
| <input checked="" type="checkbox"/> Add       |          |                          | <u>SEBANG FL 33875</u>   |
| <input checked="" type="checkbox"/> Remove →  |          | <u>PATRICK HOGAN</u>     |                          |
| 3) <input type="checkbox"/> Change            | <u>D</u> | <u>SALVADOR BARRAGAN</u> | <u>102 MINORCA ST NE</u> |
| <input checked="" type="checkbox"/> Add       |          |                          | <u>LAKE PLACID FL</u>    |
| <input type="checkbox"/> Remove               |          |                          | <u>33852</u>             |
| 4) <input type="checkbox"/> Change            |          |                          |                          |
| <input type="checkbox"/> Add                  |          |                          |                          |
| <input checked="" type="checkbox"/> Remove    |          | <u>JOHN O SHEA</u>       |                          |
| 5) <input type="checkbox"/> Change            |          |                          |                          |
| <input type="checkbox"/> Add                  |          |                          |                          |
| <input type="checkbox"/> Remove               |          |                          |                          |
| 6) <input type="checkbox"/> Change            |          |                          |                          |
| <input type="checkbox"/> Add                  |          |                          |                          |
| <input type="checkbox"/> Remove               |          |                          |                          |

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, 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 4-11-2017

Signature [Signature]  
(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)

HUGO G. DENT III  
(Typed or printed name of person signing)

S/T  
(Title of person signing)