da Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000117335 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : M. BURR KEIM COMPANY

Account Number: I19990000242 Phone : (215)563-8113 : (215)977-9386 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

COR AMND/RESTATE/CORRECT OR O/D RESIGN HAPB-VILLAS AT BLANCHE ELY GP CORP.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

To: 8506176383@RCFAX.COM Fax: (850) 617-6383

(((H23000117335 3)))

Page: 2 of 5

03/28/2023 4:11 PM

Articles of Amendment to Articles of Incorporation

of

HAPB-Villas at Blanche Ely GP Corp. (Name of Corporation as currently filed with the Florida Dept. of State) N20000010804 (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: HAPB-Golden Acres Senior Apartments GP Corp. 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: Lennard N. Robinson Name of New Registered Agent: 321 West Atlantic Boulevard (Florida street address) New Registered Office Address: Pompano Beach , Florida <u>33060</u> 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

From: M. BURR KEIM CO -Fax: 12159779386

To: 8506176383@RCFAX.COM Fax: (850) 617-6383 (((H23000117335 3)))

Page: 3 of 5

03/28/2023 4:11 PM

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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action	Title		Name	<u>Addres</u> s
(Check One) 1) Change Add		_		2023177 2.8
Remove				
2) Change Add		-		12
Remove 3) Remove Add Remove		_		
4) Change Add		-	But the second of the second o	
Remove				
5) Change Add		_	<u></u>	
Remove				
6) Change Add				
Remove				
E. If amending or additional sheet			cles, enter change(s) here: (Be specific)	
	<u> </u>			

		· · · · · · · · · · · · · · · · · · ·
		
		2
		202
		28
		444
		<u></u>
		2
The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department	k does not meet the applicable statutory filing requirements, this date will not artment of State's records.	t be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)	

To: 8506176383@RCFAX.COM Fax: (850) 617-6383 Page: 4 of 5 03/28/2023 4:11 PM

From: M. BURR KEIM CO -- Fax: 12159779386

From: M.	. BURR KEIM CO	Fax: 12159779386
----------	----------------	------------------

To: 8506176383@RCFAX.COM Fax: (850) 617-6383 (((H23000117335 3)))

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

Page: 5 of 5

03/28/2023 4:11 PM

Dated

Signature

Signature

Signature

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)

Lennard N. Robinson

(Typed or printed name of person signing)

(Title of person signing)