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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Celearn Senior As	sistance Facility Inc.	
DOCUMENT NUM			· · · · · · · · · · · · · · · · · · ·
	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Barbar Shelton		
		Name of Contact Persor	1
	Celearn Senior Assistance Fa	acility Inc.	
		Firm/ Company	
	6026 Wilson Boulvard		
		Address	
	Jacksonville, Florida 32210		
		City/ State and Zip Code	•
	Bstevensshelton57@gmail.co	om	
		sed for future annual report	notification)
		•	
For further information	n concerning this matter, plea	se call:	
Barbara Shelton		305	970-3664
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 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	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with the Florida D	Stan Cl ept. of State)	tac, lity	+nc	, <del>* .*</del>
(Document Numbe	r of Corporation (if	known)		<del></del>
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not</i> i	For Profit Corporation	adopts the fol	llowing
A. If amending name, enter the new name of the corporation of the distinguishable and contain the word "corporation" or "Co." may not be used in the name.	Care Ho	me_Inc. led" or the abbreviation	T) a "Corp." or	he new "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			222 HOV +9	
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac		a, enter the name of t	PH 2 L	FF (
Name of New Registered Agent:			. <u> </u>	
New Registered Office Address:		(Florida street address)		
	(City)	Floric (Zip	la o <i>Code)</i>	<u>_</u>
New Registered Agent's Signature, if changing Registered a language of the appointment as registered agent. I am fan		pt 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 V SV	John Do Mike Jo Sally St	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change Add	·	_		
Remove				
2) Change Add		_		
Remove 3 ) Remove Add Remove		_	-	
4) Change Add		_		
Remove				
5) Change Add		_		
Remove				
6) Change Add		_	<del></del>	
Remove				
E. If amending or addin (attach additional shee			icles, enter change(s) here: (Be specific)	<u> </u>
				<del>.</del>
			<u> </u>	

$\mathcal{M} = \mathcal{O}_{1,2,2}$
The date of each amendment(s) adoption: Nov 9 2000
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 Nov 9, 2022 Signature Dentruck Holla
(By the chairman or vice chairman of the board, president of 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)
(Typed or printed name of person signing)
CEO
(Title of person signing)