

11/13/2013 16:22:23 From: To: 506176380

Division of Corporations

( 1/8 )

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N 21023

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*RE-SUBMIT\***

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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN  
RIVER REACH COMMUNITY SERVICES ASSOCIATION, INC.

|                       |         |
|-----------------------|---------|
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TALLAHASSEE, FLORIDA

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*Amend*  
*11/14/13*

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TALLAHASSEE, FLORIDA

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November 13, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

RIVER REACH COMMUNITY SERVICES ASSOCIATION, INC.  
4582 S ULSTER ST  
SUITE 1100  
DENVER, CO 80237US

SUBJECT: RIVER REACH COMMUNITY SERVICES ASSOCIATION, INC.  
REF: N21023

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

✓ You failed to make the correction(s) requested in our previous letter.

✓ The registered agent must sign accepting the designation (done)

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.

Darlene Connell  
Regulatory Specialist II

FAX Aud. #: H13000247665  
Letter Number: 713A00026320

**\*RE-SUBMIT\***

Please attach original filing

date of submission 11/7

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

~~CONFIDENTIAL~~

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: River Reach Community Services Association, Inc.

DOCUMENT NUMBER: N21023

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

Please return all correspondence concerning this matter to the following:

Lou Ann M. Morse

(Name of Contact Person)

c/o Aspen Square Management, Inc.

(Firm/ Company)

380 Union St., Suite 300

(Address)

West Springfield, MA 01089

(City/ State and Zip Code)

lou\_ann\_morse@aspensquare.com

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

For further information concerning this matter, please call:

Lou Ann Morse

(Name of Contact Person)

at 413 439-6381

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |                                          |                                                                        |                                                                                                     |                                                                                                                            |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

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

ARTICLES OF AMENDMENT  
to  
Articles of Incorporation  
of

River Reach Community Services Association, Inc.

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

N21023

(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)

c/o Aspen Square Management, Inc.  
380 Union St., Suite 300  
West Springfield, MA 01089

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: C T Corporation System  
1200 South Pine Island Road  
(Florida street address)

New Registered Office Address:

Plantation, Florida 33324  
(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.

Connie Bryan  
Signature of New Registered Agent, if changing  
Connie Bryan  
Assistant Secretary

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<br>(Check One)              | Title           | Name                              | Address                          |
|--------------------------------------------|-----------------|-----------------------------------|----------------------------------|
| 1) <input type="checkbox"/> Change         | <u>Pres/Dir</u> | <u>Terry Considine</u>            | <u>4582 S Ulster St Ste 1100</u> |
| <input type="checkbox"/> Add               |                 |                                   | <u>Denver, CO 80237</u>          |
| <input checked="" type="checkbox"/> Remove |                 |                                   |                                  |
| 2) <input type="checkbox"/> Change         | <u>VP/Dir</u>   | <u>Tony Organ</u>                 | <u>4582 S Ulster St Ste 1100</u> |
| <input type="checkbox"/> Add               |                 |                                   | <u>Denver, CO 80237</u>          |
| <input checked="" type="checkbox"/> Remove |                 |                                   |                                  |
| 3) <input type="checkbox"/> Change         |                 | <u>**SEE EXHIBIT A ATTACHED**</u> |                                  |
| <input type="checkbox"/> Add               |                 |                                   |                                  |
| <input type="checkbox"/> Remove            |                 |                                   |                                  |
| 4) <input type="checkbox"/> Change         |                 |                                   |                                  |
| <input type="checkbox"/> Add               |                 |                                   |                                  |
| <input type="checkbox"/> Remove            |                 |                                   |                                  |
| 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            |                 |                                   |                                  |

**EXHIBIT A  
TO  
ARTICLES OF AMENDMENT OF  
RIVER REACH COMMUNITY SERVICES ASSOCIATION, INC.**

| <u>Title</u>               | <u>Name</u>        | <u>Address</u>                                         | <u>Type of Action</u> |
|----------------------------|--------------------|--------------------------------------------------------|-----------------------|
| EVPT/Director              | Patti K. Fielding  | 4582 S. Ulster St. Ste 1100<br>Denver, CO 80237        | Remove                |
| EVPS/Director              | Lisa R. Cohn       | 4582 S. Ulster St. Ste 1100<br>Denver, CO 80237        | Remove                |
| AS/Director                | Lucinda M. Ehrhard | 4582 S. Ulster St. Ste 1100<br>Denver, CO 80237        | Remove                |
| Director                   | John Bezzant       | 4582 S. Ulster St. Ste 1100<br>Denver, CO 80237        | Remove                |
| Director/President         | Jeffrey M. Strole  | 380 Union St., Suite 300<br>West Springfield, MA 01089 | Add                   |
| Director/Vice<br>President | James Gennari      | 380 Union St., Suite 300<br>West Springfield, MA 01089 | Add                   |
| Director/Secretary         | Patrick Keane      | 380 Union St., Suite 300<br>West Springfield, MA 01089 | Add                   |

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

The date of each amendment(s) adoption: October 31, 2013, if other than the date this document was signed.


Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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 November 1, 2013

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)

Jeffrey M. Strole

(Typed or printed name of person signing)

President

(Title of person signing)