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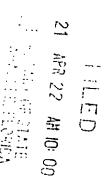
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Shadow Wood Community Services
DOCUMENT NUMBER: N 24476
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kathleen Baker
(Name of Contact Person)
575 Shadow Wood Lane # 225
(Address)
Titusville, Fr. 32780 (City/ State and Zip Code)
Flannual reports adisalvocpa. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Ericka Caro at 772-270-6008
(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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation brices Association (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 ··· (Zip Code) (City) 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 Do Y Mike Jo SV Sally Si	ones	
Type of Action (Check One)	Title	Name	Address
1) Change Add	P	Ray PAZant	495 Willow Green Lane Titusville FL 32700
Remove 2) Change Add	D	JAY HARTLage	585 Shadow Wood Ln#11, Titusville FC 32780
Remove 3)ChangeAdd	<u>.</u>	John Lange	565 Shadow Wood in # Titus Ville FL 32780
Remove 4) Khange Add	7	KAthleen BAKer	575 Shadow Wood Ln
Remove 5) Change Add Remove	D	Vanda Knowles	Titus Ville FL 32200 565 Shadow Wood Lin # 321 Titus Ville FL 32780
6) Change Add			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	

		
		
		
		
		
		
		
		····
The date of each amendment(s) adoption date this document was signed.	1:	, 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 does document's effective date on the Departme	s not meet the applicable statutory filing requirements, this date will not int of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

There are no memoers or memoers enacted to vote on the amenaments. The amenaments was were					
adopted by the board of directors.					
Dated april 30 2021					
Signature Fathlan & Baker					
(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)					
KAthleen F BAKer					
(Typed or printed name of person signing)					
President					
(Title of person signing)					