N25662

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AUG 2 2 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	NIORS BENEVO	DLENT ASSOCIATION INC.
DOCUMENT NUMBER: N25662		
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
DALE TWARDOWSKI		
	(Name of Contact Pers	on)
ACCOUNT-TAX LLC		
	(Firm/ Company)	
PO BOX 87		
	(Address)	
PALM HARBOR FL 3468	2	
	(City/ State and Zip Co	ode)
DALE@ACCOUN		.*
E-mail address: (to be used	for future annual repor	t notification)
For further information concerning this matter, please	call:	
DALE TWARDOWSKI	at (727	535-0450 Code & Daytime Telephone Number)
(Name of Contact Person)	(Area	Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida De	partment of State:
\$35 Filing Fee \$\square\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divis	et Address Indment Section Indications Ind

. 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NATIONAL SENIORS BENEVOLENT ASSOCIATION INC

(Name of Corporation as currently t	<u>filed with the Florida Dept. of Stat</u>	te)
N25662		\$ B
(Document N	lumber of Corporation (if known)	12 AUG 20
cursuant to the provisions of section 617.100 mendment(s) to its Articles of Incorporation	06, Florida Statutes, this <i>Florida No</i> n:	t For Profit Corporation adopts the fo
. If amending name, enter the new name	e of the corporation:	
ame must be distinguishable and contain th Company" or "Co." may not be used in th		rated" or the abbreviation "Corp." or
Enter new principal office address, if a		
Principal office address <u>MUST BE A STR</u>	<u>EET ADDRESS</u>)	
Enter new mailing address, if applical	ble:	
(Mailing address <u>MAY BE A POST OF</u>	FICE BUX)	
		
 If amending the registered agent and/o new registered agent and/or the new r 		ida, enter the name of the
new registered agent antworthe new r	egisteren biller naaress.	
Name of New Registered Agent:		
_		
New Registered Office Address:	(Florida street addres	s)
vew Registered Office Address.		
_		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if char hereby accept the appointment as registere	n <mark>ging Registered Agent;</mark> ed agent. I am familiar with and ac	cept the obligations of the position.
Signa	ture of New Registered Agent, if cha	anging

Page 1 of 4

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.

Type of Action (Check One)	Example: X Change X Remove X Add	V Mik	n <u>Doe</u> e Jones y <u>Smith</u>	
X Add HIGHLAND PARK NJ 08904	Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X Add HIGHLAND PARK NJ 08904	1) Change	V	FRANKLIN BURR II	PO BOX 4296
Remove 2)Change				HIGHLAND PARK NJ 08904
AddRemove 3)ChangeAddRemove 4)ChangeAddRemove 5)ChangeAddRemove 6)ChangeAdd				
Remove 3)ChangeAddRemove 4)ChangeAddRemove 5)ChangeAddRemove 6)ChangeAddRemove	2) Change			
3) Change	Add			
Add Remove 4) Change	Remove			
Remove	3)Change			
4)Change	Add			
AddRemove 5)Change	Remove			
	4)Change		,	
5)Change	Add		•	
Add	Remove			
	5) Change			
6)Change	Add			
Add	Remove			
Add	6) Change			

E.	If amending or adding additional Arti	cles, enter change(s) here:				
	If amending or adding additional Articletach additional sheets, if necessary).	(Be specific)					
							
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The date of each amendment(s) adoption: U8/13/2012			
Effective date if applicable:	00/12/2012		
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.		
adopted by the board of			
Dated	8-16-12 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 court appointed fiduciary by that fiduciary)		
FRAN	KLIN BURR		
	(Typed or printed name of person signing)		
PRES	IDENT		
	(Title of person signing)		