

Registered Name
Address
City/State/Zip Phone #
N26285

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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*****35.00 *****35.00

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
00 JUL 31 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N26285
7-31-00

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 30, 2000

W.E. BISHOP, JR.
7743 SW S.R. 200
OCALA, FL 34476

SUBJECT: MARION COUNTY ALZHEIMER'S GROUP, INC.
Ref. Number: N26285

We have received your document for MARION COUNTY ALZHEIMER'S GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

If there are MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) the date of adoption of the amendment by the members and (2) a statement that the number of votes cast for the amendment was sufficient for approval.

If there are NO MEMBERS OR MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) a statement that there are no members or members entitled to vote on the amendment and (2) the date of adoption of the amendment by the board of directors.

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) 487-6916.

Carol Mustain
Corporate Specialist

Letter Number: 300A00030344

W. E. Bishop, Jr., P.A.

ATTORNEY AT LAW

GERRI FIELD
LEGAL ASSISTANT

352 / 237-9225
FAX 352 / 861-2851

7743 S.W. S.R. 200
OCALA, FLORIDA 34476

July 28, 2000

Florida Department of State
Division of Corporations
P. O. ox 6327
Tallahassee, Florida 32314

Re: Marion County Alzheimer's Group, Inc.
Ref. # N26285

Dear Madam:

We are enclosing the original and one copy of Articles of Amendment to Articles of Incorporation of Marion County Alzheimer's Group, Inc., together with a copy of your letter of May 30, 2000.

If this Amendment is now in order, please file same, conform the copy and return to this office.

Sincerely,

W. E. BISHOP, JR., P. A.



W. E. BISHOP, JR.

WEBjr/f

enclosures

RECEIVED
00 JUL 31 AM 9:47
DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT
to
ARTICLES OF INCORPORATION
of

MARION COUNTY ALZHEIMER'S GROUP, INC.
(present name)

Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.

FIRST: Amendment(s) adopted: (INDICATE ARTICLE NUMBER(S) BEING AMENDED, ADDED OR DELETED.)

ARTICLE I. NAME is amended as follows:

The name of the corporation is ALZHEIMER'S SUPPORT, INC.

FILED
00 JUL 31 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECOND: The date of adoption of the amendment(s) was: February 9, 2000

THIRD: Adoption of Amendment (CHECK ONE)

- ☐ The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.

MARION COUNTY ALZHEIMER'S GROUP, INC.

Corporation Name

Julie Kaylor

Signature of Chairman, Vice Chairman, President or other officer

JULIE KAYLOR, President

Typed or printed name

President

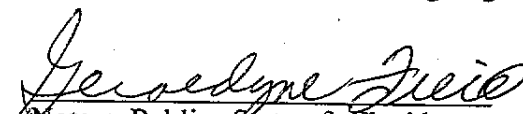
Title

July 19, 2000

Date

STATE OF FLORIDA
COUNTY OF MARION

Before me, the undersigned authority, personally appeared JULIE KAYLOR, President of MARION COUNTY ALZHEIMER'S GROUP, INC., a Florida corporation, to me personally known or who produced _____ as identification and who did not take an oath and she acknowledged to and before me that she executed the foregoing Articles of Amendment.


Notary Public, State of Florida.

My Commission expires:



Geraldine Field
MY COMMISSION # 00844225 EXPIRES
June 28, 2001
BONDED THRU TROY FAIR INSURANCE, INC