N29832

(Pa	questor's Name)	
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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION:			
N29832			
DOCUMENT NUMBER:		•	
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
Esther D. Nichols			
	(Name of Contact Perso	on)	
The Nichols Group, PA			
	(Firm/ Company)		
1635 Eagle Harbor Pkwy, Ste 4			
	(Address)		
Fleming Island, FL 32003			
	(City/ State and Zip Coo	de)	
enichols@tng.cc			V
E-mail address: (to be used	for future annual report	notification	1)
For further information concerning this matter, please	call:		
(Name of Contact Person)	at	rea Code)	(Daytime Telephone Number)
,			
Enclosed is a check for the following amount made page	yable to the Florida Dep	arunent or	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		Address	
Amendment Section		dment Sect	
Division of Corporations	Divisi	on of Corpo	prations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Quigley House, Inc.						
(Name of Corporation	as current	ly filed with the	Florida Dept. of S	itate)		_
N29832						
(Docur	nent Numbe	r of Corporation	(if known)			—
D		.1. 51	. s. s. d. d	4 1 4	c u	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes	s, this <i>Florida N</i>	ot For Profit Corpo	<i>ration</i> adopts th	e follow	/ing
•						
A. If amending name, enter the new name of the	e corporatio	<u>on:</u>				
					The n	
name must be distinguishable and contain the word		on" or "incorpo	orated" or the abbro	eviation "Corp."	or "Inc	c. "
"Company" or "Co." may not be used in the nam	<u>e</u> .					
B. Enter new principal office address, if applica	ble:					
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)				Big	17
					- Int	DEC
					<u> </u>	$\frac{1}{2}$
C. Enter new mailing address, if applicable:					SS	<u></u>
(Mailing address MAY BE A POST OFFICE	BOX)				82	P
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					<u> </u>	_ ව
					ميا دوي	_
D. If amounting the registered agent and/or regis	stand office	o adduses in Flo	wida amtaw tha man	un af éha		
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered.			riua, enter the nan	ne of the		
Esther D. I		Nichols CPA				
Name of New Registered Agent:						—
	1635 Eagle	Harbor Pkwy,				
New Registered Office Address:			(Florida street addre	255)		
NEW Register ed Office ridaress.	Fleming Island			32003		
	—————			, Florida		
		(City)		(Zip Code)		
New Registered Agent's Signature, if changing I						
I hereby accept the appointment as registered agen	it. I am fan	niliar with and a	ccept the obligation	s of the position		
	1=i	Dall V	la land.			
-		MIN V	ILL INCK)		
	Sig	znature of New I	Registered Agent, if	changing		

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.

Example: X Change X Remove X Add	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Peggy J. Payne	2376 Tigress Lane
Add			Middleburg, FL 32068
X Remove			
2) Change	P	Mike Brost	683 Selva Lakes Circle
XAdd			Atlantic Beach, FL 32233
Remove			
3) X Change	VP	Jane M Simpson	1887 Osprey Bluff Blvd
Add			Fleming Island, FL 32003
Remove			
4) Change	VP	Floy Turner	711 N Magnolia Ave
Add			Green Cove Springs, FL 32043
X Remove			
5) Change	CEO	Ellen Siler	2651 Shannon St
X Add			Orange Park, FL 32065
Remove			
(A) Change			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)		
		* · ·	
		<u></u>	
	<u>.</u>		v.
	···		
			•

The date of each amendment(s) adopted date this document was signed.	ion:	, if other than the
Effective date <u>if applicable</u> :	11-29-2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departi	loes not meet the applicable statutory filing requirements, this date wi ment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s))
☐ There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
Dated 11-29-	- 2017	
Signature S	her Dichola	
have not been so	or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	
Est	her D. Nichols	
	(Typed or printed name of person signing)	
_ Tree	aswer	
	(Title of person signing)	