## N44009

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## **COVER LETTER**

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Community Caring	Center of Greater	Boynton Beac	h, Inc.
DOCUMENT NUMBER:	N44009			
The enclosed Articles of Am	nendment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matte	r to the following:		
Sherry Johnson				
		(Name of Contact Po	erson)	
Community Caring Cente	<del>}</del> Γ			
		(Firm/ Company	y)	
PO Box 100				
	180.5.,8888	(Address)		
Boynton Beach, FL 3343	5			
· · · · · · · · · · · · · · · · · · ·	<del></del>	(City/ State and Zip	Code)	
sherryccc@aol.com				
	E-mail address: (to be used	for future annual rej	port notification	n)
For further information con-	cerning this matter, please	eall;		
Sherry Johnson		1,1	561	386-4261
	(Name of Contact Person	<u> </u>	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	yable to the Florida	Department of	State:
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status		Certif is Certif	0 Filing Fec icate of Status ied Copy tional Copy is osed)

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

## 7

## Articles of Amendment to Articles of Incorporation of

Community Caring Center of Greater Boynton Beach, I	nc.		
(Name of Corporation as curren	itly filed with the	Florida Dept. of State)	
N44009			
(Document Numb	er of Corporation	(if known)	
ursuant to the provisions of section 617,1006, Florida Statut mendment(s) to its Articles of Incorporation:	es, this <i>Florida N</i>	ot For Profit Corporation ado	pts the following
. If amending name, enter the new name of the corporat	ion:		
ommunity Caring Center of Palm Beach County, Inc.			The new
ame must be distinguishable and contain the word "corpora Company" or "Co." may not be used in the name.	tion" or "incorpe	orated" or the abbreviation "C	
Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRESS</u>	)		
	<del></del>	T	
Enter new mailing address, if applicable:			ACR A
(Muiling address <u>MAY BE A POST OFFICE BOX</u> )			_ <u>\$</u> \$
			AR 22
			SSC
			<del></del>
. If amending the registered agent and/or registered offi		orida, enter the name of the	8187 8187 8 2 5
new registered agent and/or the new registered office a	address:		「 行 行 行
Name of New Registered Agent:			
New Registered Office Address:		(Florida street address)	
		, Florida	
	(City)	(Zip Co	de)
ew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa		eccept the obligations of the pos	sition.
5	Signature of New I	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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	nes	
Type of Action (Check One)	Title	<u>g</u> ;	<u>Name</u>	<u>Addres</u> s
l)Change		_		
Add Remove				
2) Change		-		
Add				
3)Change	<del></del>	_		
4)Change		_	·	
Add				
5) Change		_		
Add				
Remove 6) Change				
Add		-		
Remove				

famending or adding additional Art tuch additional sheets, if necessary).	(Be specific)			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
July 1, 2018  Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	-
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
July 1, 2018 Dated	
Signature Jayer C Port ray	
(By the chairman) rvice chairman of the board, resident or other officer-if director have not been selected, by an incorporator — if in the hands of a receiver, trustec, or other court appointed fiduciary by that fiduciary)	
Joyce C Pornoy	
(Typed or printed name of person signing)	
President	
(Title of person signing)	-