

N93000005124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

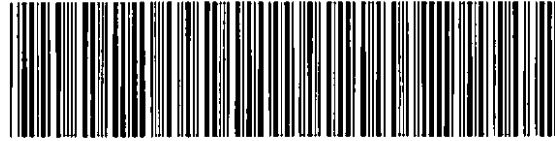
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Amel

R. WHITE
NOV 01 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BayCares, Inc.

DOCUMENT NUMBER: N93000005124

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

R. Michael Hill

(Name of Contact Person)

BayCares, Incorporated

(Firm/ Company)

403 East 11th Street

(Address)

Panama City, Florida 32401

(City/ State and Zip Code)

mhill@pancarefl.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

R. Michael Hill (Mike)

850-819-0878

(Name of Contact Person)

at

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|---|

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

Articles of Amendment
to
Articles of Incorporation
of

BayCares, Incorporated

FILED

2018 NOV - 1 PM 12:39

(Name of Corporation as currently filed with the Florida Dept. of State)

N93000005124

(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:

The new 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)

BayCares, Incorporated

403 East 11th Street

Panama City, Florida 32401

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:

R. Michael Hill

403 East 11th Street

(Florida street address)

New Registered Office Address:

Panama City

(City)

Florida 32401

(Zip Code)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<input checked="" type="checkbox"/> P/C	<u>R. Michael Hill</u>	<u>R. Michael Hill</u> <u>403 East 11th Street</u> <u>Panama City, Florida 32401</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<input checked="" type="checkbox"/> D	<u>Robert Thompson</u>	<u>Robert Thompson</u> <u>403 East 11th Street</u> <u>Panama City, Florida 32401--</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<input checked="" type="checkbox"/> P	<u>Alex N. Jones</u>	<u>Alex N. Jones</u> <u>2407 Ruth Hentz Avenue</u> <u>Panama City, Florida 32405</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<input checked="" type="checkbox"/> VP	<u>Toni Pennigton</u>	<u>Toni Pennigton</u> <u>103 East 23rd Street</u> <u>Panama City, Florida 32405</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<input checked="" type="checkbox"/> D	<u>Rush Akin</u>	<u>Rush Akin</u> <u>304 West 23rd Street</u> <u>Panama City, Florida 32405</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<input type="checkbox"/> D	<u>Kamel Elzawahry</u>	<u>Kamel Elzawahry</u> <u>2202 State Ave, S-201</u> <u>Panama City, Florida 32405</u>

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>D</u>	<u>Jon Ward</u>	<u>Jon Ward</u>
<input type="checkbox"/> Add			<u>2505 Harrison Avenue</u>
<input checked="" type="checkbox"/> Remove			<u>Panama City, Florida 32405</u>
2) <input type="checkbox"/> Change	<u>D</u>	<u>Philip Isaac</u>	<u>Philip Isaac</u>
<input type="checkbox"/> Add			<u>615 North Bonita Avenue</u>
<input checked="" type="checkbox"/> Remove			<u>Panama City, Florida 32401</u>
3) <input type="checkbox"/> Change	<u>ED</u>	<u>Robin Estes</u>	<u>Robin Estes</u>
<input type="checkbox"/> Add			<u>700 West 23rd Street, Suite F-52</u>
<input checked="" type="checkbox"/> Remove			<u>Panama City, Florida 32405</u>
4) <input type="checkbox"/> Change	<u>D</u>	<u>Curtis Williams</u>	<u>Curtis Williams</u>
<input checked="" type="checkbox"/> Add			<u>403 East 11th Street</u>
<input type="checkbox"/> Remove			<u>Panama City, Florida 32401</u>
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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 will not be listed as the document's effective date on the Department of State's records.

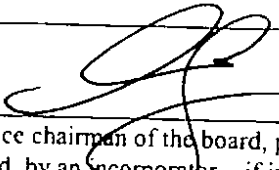
Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 10/31/18

Signature


(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)

Alex N. Jones

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)