## N97000002584

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
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(Document Number)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATIO	Recovery House of Co	entral Florida, Inc.			
N	97000002584				
DOCUMENT NUMBER: _	<del></del>		=-	_ <del></del>	
The enclosed Articles of Ame	ndment and fee are subm	itted for filing.			
Please return all corresponder	nce concerning this matter	to the following:			
Julia Mantooth					
	(	Name of Contact Perso	n)		
RecoveryHouse of Central Fl	orida, Inc.				
		(Firm/ Company)			
401 Pecan Avvenue					
		(Address)			
Sanford, FL 32771					
	(1	City/ State and Zip Cod	e)		
jmantooth@recoveryhouseine	c.org				1/
E-i	mail address: (to be used	or future annual report	notification	)	<u>_v</u>
For further information conce	ming this matter, please c	all:			
Julia Mantooth		40 ai	7	323-5857	
(	Name of Contact Person)	<del></del>	rca Code)	(Daytime Telephone Number)	
Enclosed is a check for the fo	llowing amount made pay	able to the Florida Dep	artment of S	State:	
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Ar	ldness	Street	Address		

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Recovery House of Central Florida, Inc.		
(Name of Corporation	as currently filed with the Flor	ida Dept. of State)
N97000002584		
(Document)	ment Number of Corporation (if k	ломп)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	<u>e.</u>	d" or the abbre <b>viation</b> "Corp." or "Inc."
B. Enter new principal office address, if applied (Principal office address MUST BE A STREET A		
Trucque office dans cos Medi of A STREET		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	
		· •
	<del> </del>	
	(A d eeg d. d f eeg d. d.	
D. If amending the registered agent and/or registered agent and/or the new register		enter the name of the
	Lisa Citrano	
Name of New Registered Agent:		
	401 Pecan Avenue	
		lorida street address)
New Registered Office Address		
	Sanford	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		the obligations of the position.
	Alsa Can	TUD
-	Signature of New Regis	tered 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>V</u> <u>Mik</u>	<u>n Doc</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Chairma	Larry Visser	992 Caribbean Place Casselberry, FL 32707
Add x Remove			Cussilotify, 12 32707
2) Change	Chairma	Kip Beachman	100 Eeslinger Way
X Add			Sanford, FL 32773
Remove 3) Change	CEO	John Hagan	4347 Cobblestone Court
Add			Orlando, FL 32810
X Remove			
4) Change	VC	Walter Holynski	1603 South Bumby
Add x Remove			Orlando, FL 32806
5) Change			
Add			
6) Change			
Add			
Remove			

E. If amending or adding additional Ar (attach additional sheets, if necessary).	(Be specific)	. Here.		
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The date of each amendment(s) adoption:	11/26/18	, if other than the
date this document was signed.	•	
Effective date <u>if applicable</u> :		Ch. Lub
(ne	o more than 90 days after amendm	ieni file dale)
Note: If the date inserted in this block does not document's effective date on the Department		ling requirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of vo	otes cast for the amendment(s)
There are no members or members entitle adopted by the board of directors.	led to vote on the amendment(s). T	The amendment(s) was/were
Dated	7-14	
Signature	Sal	
	ice chairman of the board, presidented, by an incorporator — if in the ha	
	d fiduciary by that fiduciary)	
Kip Beacham		
	(Typed or printed name of po	erson signing)
Chairman of the E	Board	
<del>, , , , , , , , , , , , , , , , , , , </del>	(Title of person s	signing)