

P00000022190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

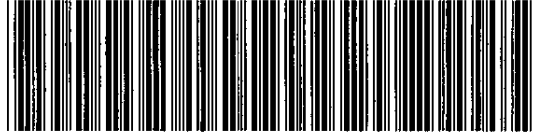
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800139048778

12/18/08--01020--025 **52.50

FILED

08 DEC 18 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amir
*CWS
*CC
12/29/08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Golden Years Christian Home, Inc. +

DOCUMENT NUMBER: P00000022190 +

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

Please return all correspondence concerning this matter to the following:

Maydelin Gil
(Name of Contact Person)

The Golden Years Christian Home, Inc.
(Firm/ Company)

415 East 39th Street
(Address)

Hialeah, FL 33013
(City/ State and Zip Code)

For further information concerning this matter, please call:

Maydelin Gil at (305) 898-4280
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$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

The Golden Years Christian Home, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

P00000022190
(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Not Applicable

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Not Applicable

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Not Applicable

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: Maydelin Gil

New Registered Office Address: 415 East 39th Street
(Florida street address)

Hialeah, Florida 33013
(City) (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

FILED

08 DEC 18 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

[illegible]

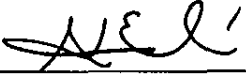
The date of each amendment(s) adoption: 11/29/2008

Effective date if applicable: 12/01/2008
(no more than 90 days after amendment file date)

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 12/01/2008

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)

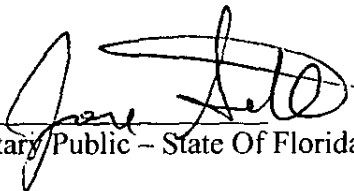
Ana I Elias
(Typed or printed name of person signing)

President
(Title of person signing)

STATE OF FLORIDA
COUNTY OF ORANGE

Before me, a Notary Public duly authorized in the state and county named above to take acknowledgment, personally appeared Ana I Elias, Peter T De Gracia, Dr. Magdalena Beltre and Onesimo Colon, to me well known and known to me to be the persons described in and who executed the foregoing instrument, and they acknowledged before me that they executed said instrument for the purpose therein expressed.

Witness my hand and official seal at the city of Apopka, Florida this 29 day of NOV., 2008



Notary Public - State Of Florida

My commission expires:

