P0000089561

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne
(54	omeoo Enary Man	110)
/Da	cument Number)	
(00	cament Namber)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
	•	

Office Use Only



000050372050

DIVISION OF CORPORATIONS
7,005 APR 18 AM 9: 57

04/18/05--01034--019 **52.50

Amend.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLORIDA LIVING	TRUSTS, INC.	
DOCUMENT NUMBER: P00000089561		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this i	matter to the following:	
SHEILA K. HOFFER	2.	
(Name of	Contact Person)	·
FLORIDA LIVING TRUSTS, INC.		
(Firm/	(Company)	
6529 STADIUM DR.		
(A	.ddress)	
ZEPHYRHILLS, FLORIDA 33542	5. ¹	
(City/ State	e/ and Zip Code)	
For further information concerning this matter, pl	ease call:	
SHEILA K. HOFFER	at (813) 782-0869	
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount:		
□ \$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	Street Address Amendment Section	

Division of Corporations

409 E. Gaines Street Tallahassee, FL 32399

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



Articles of Amendment to Articles of Incorporation of

(Name of corporation as currently filed with the Florida Dept. of State)
(Maine of corporation as currently fried with the Florida Dept. of State)
P0000089561
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
N/A
Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A."
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
ARTICLE IX: DELETE WILLIAM A. WADSWORTH AS TO ALL OFFICE, ARTICLE IX: AMEND SHEILA
K. HOFFER AS FOLLOWS; SHEILA K. HOFFER, 36741 LAUREL OAKS LN., DADE CITY, FL 33525
PRESIDENT, SECRETARY, TREASURER, BOARD OF DIRECTORS (there is no vice-president named)
ARTICLE X: REMOVE WILLIAM A. WADSWORTH, 5345 LOCHMEAD TERRACE, ZEPHYRHILLS, FL
33541 AS SHAREHOLDER. ARTICLE X: AMEND SHEILA K. HOFFER AS FOLLOWS, SHEILA K.
HOFFER, TRUSTEE, SHEILA K. HOFFER, LIVING TRUST, DATED 2/9/96, 36741 LAUREL OAKS LN.
DADE CITY, FL 33525, 500 SHARES.
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provision for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate itself)
N/A , , , , , , , , , , , , , , , , , , ,

(continued)

The date of each amendment(s) adoption: FEBRUARY 22, 2005
Effective date if applicable: FEBRUARY 22, 2005
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signed this
SHEILA K. HOFFER
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35