

PD/000083815

(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



500069700115

*PC
Tlewis*

14 07 12 09 00 00 00 00 00 00

FILED
06 APR -7 PM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Law Office of
HERBERT F. STORCH, P.A.
120 South University Drive, Suite F
Plantation, Florida 33324-3346
Phone: 954-473-2889
Fax: 954-473-0469
Email: herbertstorchlaw@bellsouth.net

April 4, 2006

AMENDMENT SECTION
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: My Client : Renaissance Recovery Center, Inc.
Document #: P01000083815

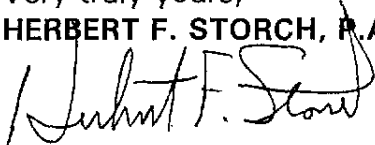
Gentlemen/Madams:

Please be advised I represent Renaissance Recovery Center, Inc. Please find enclosed Articles of Amendment to Articles of Incorporation of Renaissance changing it's name to **ARCHSTONE RECOVERY CENTER, INC.**, signed by Sheila Wencke, President of this corporation, along with check in the amount of \$35 made payable to the Florida Department of State.

If all is correct, would you kindly approve the name change amendment and forward your letter of acknowledgment. Thank you.

Should you have any questions, or comments, please do not hesitate to contact me.

Very truly yours,
HERBERT F. STORCH, P.A.



HERBERT F. STORCH, ESQUIRE

HFS:gh

Enclosures
Amendment
check

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RENAISSANCE RECOVERY CENTER, INC.

DOCUMENT NUMBER: PO1000083815

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

Please return all correspondence concerning this matter to the following:

HERBERT F. STORCH, ESQ.
(Name of Contact Person)

(Firm/ Company)

120 S. UNIV. DR. # F
(Address)

PLANTATION, FL 33324
(City/ State and Zip Code)

For further information concerning this matter, please call:

HERBERT F. STORCH at (954) 473-2889
(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
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

The date of each amendment(s) adoption: 3-21-06

Effective date if applicable: _____
(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.

Signature X Sheila D. Wenck
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

SHEILA D. WENCK
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35