# P03000002556

Requestor's Name)	
Address)	
Address)	
City/State/Zip/Phone #	()
☐ WAIT .	MAIL
Business Entity Name	
Ocument Number)	ı
Certificates o	f Status
o Filing Officer:	
	Address)  Address)  City/State/Zip/Phone #  WAIT  Business Entity Name  Occument Number)  Certificates o

Office Use Only



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SECRETARY OF STATIALLAHASSEE. FLORI

12/17/10--01015--002 \*\*\*43.75

12/20/10

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

	g e de	** **	
NAME OF COR	PORATION: South F	lorida Supported Living	Group Home, Inc.
DOCUMENT N	JMBER:	PO3000002	556
The enclosed Arti	cles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning t	his matter to the following:	
		Aldolphus Davis	
		Name of Contact Person	<del>.</del>
	South Florida S	Supported Living Group Hom	ne, Inc.
		Firm/ Company	•
		1127 Melville Road	
		Address	
		ınta Gorda, FL 33986	
		City/ State and Zip Code	
	cfafror E-mail address: (to be u	tdesk@yahoo.com sed for future annual report notificati	on)
For further inform	ation concerning this matte	r, please call:	
	Aldolphus Davis	at ( <u>941</u> )	626-9078
	of Contact Person	·	e Telephone Number
Enclosed is a chec	k for the following amount	made payable to the Florida D	epartment of State:
□\$35 Filing Fee	✓ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclos	S52.50 Filing Fee Certificate of Status ed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		Street Address Amendment Section	
Division of P.O. Box 6	Corporations 327	Division of Corporation Clifton Building	s
	e, FL 32314	2661 Executive Center (	Circle

Tallahassee, FL 32301

### **Articles of Amendment Articles of Incorporation**

South Florida Supported Living Group Home, Inc. (Name of Corporation as currently filed with the Florida Dept. of State HASSEE, FLORID

PO31	JUUUU2556	
(Document Num	ber of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this <i>Flo</i>	orida Profit Corporation adopts the follo
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the contain the word "chartered," "professional contains the word "chartered," "professional contains the word "chartered".	designation "Corp," "Inc.	"company," or "incorporated" or the "or "Co". A professional corporation
B. Enter new principal office address, if appl	icable:	
(Principal office address MUST BE A STREET		
	**	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	CE DOV	
(Mulling address MAI BE A FOST OFFIC	<u></u>	
D. If amending the registered agent and/or re	egistered office address in	Florida, enter the name of the
new registered agent and/or the new registered		
Name of New Registered Agent:		
Nume of New Registered Agent.	<u>.</u>	<del></del>
	(FI . 1	
New Registered Office Address:	(Florida street ad	idress)
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changin	a Degistered Agents	
I hereby accept the appointment as registered ag		ad accept the obligations of the position.
, , , , , , , , , , , , , , , , , , , ,	, ,	
02	anatura of Now Rogistared	Agant if ahonging
77	ODDINED OF INDA REQUISIONE	AUPDI ILL'HUNVINV

## 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)

<u>Title</u>	•	Name		<u>Address</u>	Type of Action
					🗖 Add
					<del></del>
					B Kemove
			·······		
			<mark>onal Articles, enter c</mark> essary). (Be specifi		
				<u></u>	
Increas	e the	amount of shar	es for Adolphus D	avis to 100%	
Delete 1	the 1	0% of shares fo	r Saundra Davis		
	·				
-					
				·	
<del> </del>				<del></del>	
E lfam		dmont nuovidos fi	on on overbange, woold	assification or gancellation of	issued shares
				assification, or cancellation of ot contained in the amendmen	
(į	f not c	applicable, indicate	? N/A)		
		<del></del>			
		<del></del>			
		<u>.</u>			

The date of each amendmen	t(s) adoption: <u>12-10-10</u>
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
• • • •	
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following statement ed 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)
	(voling group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	Alallet Sin
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court
арр	pointed fiduciary by that fiduciary)
	Adolphus Davis
	(Typed or printed name of person signing)
	·
	President (Title of power signing)
	(Title of person signing)