

P03000037644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

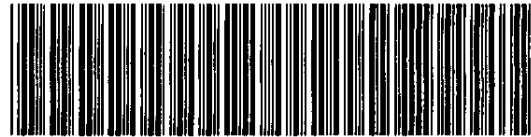
(Business Entity Name)

(Document Number)

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400212032094

09/21/11--01019--011 \*\*35.00

Effective: 09-22-11

FILED  
14 SEP 21 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

n/c & Amend.

DC

9-23-11

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Dorchester Assisted Living Facility

DOCUMENT NUMBER: PO 3000037644

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

Please return all correspondence concerning this matter to the following:

MS. Lorna Gray / <sup>OR</sup> Dorel Patterson  
Name of Contact Person

Dorchester Assisted Living Facility  
Firm/ Company

2226 Menomonee Ct  
Address

ORlando FL 32818  
City/ State and Zip Code

AuntV4045@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dorel Patterson at (407) 489-3866  
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:

- |                                                     |                                                                        |                                                                                                  |                                                                                                                         |
|-----------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(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

Dorchester Assisted Living Facility  
2226 Menomonee Ct  
Orlando FL 32818  
407-489-3866  
9-18-11

Doc# P03000037644  
Fein# 42-1569932

To: Florida Department of State  
Division of Corporations.

To Whom it may Concern:

My Name is Lorne Gray and I am  
Submitting this request of Amendment  
to a Corrections of the above name.  
Facility Dorchester Assisted Living Facility  
On the Corporation Document it is spelled  
Incorrectly and should be corrected to  
the name above. Living Facility instead  
of (Live-In) The Name on the Corporation  
should be changed to Dorel Patterson  
as the appointed Administrator and this  
is my request. enclosed is the fee request  
Thanks

Lorne Gray (change to Dorel Patterson)  
New Administrator

Ms. Lorne Gray  
Dorel Patterson

Dorchester Assisted Living Facility  
2226 Menomonee Ct  
Orlando FL 32818

To: Division of Corporation

This note is to inform the division of Corporation that I am awaiting the changes to this Business name to be amended as soon as possible, the fact that the Agency for Health Care has a deadline date to receive these changes. Thank you for your prompt attention.

Ms. Lorne Gray  
Dorel Patterson

Articles of Amendment  
to  
Articles of Incorporation  
of

Dorchester Assisted Live In Facility Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

PO 30000 37644

(Document Number of Corporation (if known))

FILED  
MAY 21 11:21 AM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

Dorchester Assisted Living Facility Inc

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)

2226 Menomonee ct  
ORlando FL 32818

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2226 Menomonee ct  
ORlando FL 32818

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:

Dorel Patterson

New Registered Office Address:

2226 Menomonee ct  
(Florida street address)

ORlando, Florida 32818  
(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.

Dorel Patterson / Lorne Jay  
Signature of New Registered 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)*

| <u>Title</u>   | <u>Name</u>     | <u>Address</u>                        | <u>Type of Action</u>                                                      |
|----------------|-----------------|---------------------------------------|----------------------------------------------------------------------------|
| Administrative | Dorel Patterson | 2226 Menomonee St<br>ORlando FL 32811 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|                |                 |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|                |                 |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

**E. If amending or adding additional Articles, enter change(s) here:**

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

Lorna Gray Change to Dorel Patterson  
Dorchester Assisted Live In Change to  
Dorchester Assisted Living Facility Inc.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

The date of each amendment(s) adoption: 9/17/11

Effective date if applicable: 9/22/11  
(date of adoption is required)  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was adopted 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.

Dated 9/17/11

Signature [Signature]  
(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)

Lorana Gray  
(Typed or printed name of person signing)

Administrator  
(Title of person signing)