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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: East Lake Manor,	Inc.	
DOCUMENT NI	UMBER: P03000112461		
	icles of Amendment and fee are su	abmitted for filing.	
Please return all co	orrespondence concerning this ma	itter to the following:	
	David C. Gilmore		
	David C. Gilmore, Esq.	Name of Contact Person	(
	David C. Onmore, Saq.	Firm/ Company	
	11169 Trinity Blvd.	Tittle Company	
		Address	
	Trinity, Florida 34655		<u>-</u>
		City/ State and Zip Code	:
	dcg@davidgilmorelaw.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further inform	nation concerning this matter, pleas	se call:	
David C. Gilmore	·	at ( <u>727</u>	849-2296
Na	ime of Contact Person	Area Cod	de & Daytime Telephone Number
Enclosed is a chec	ck for the following amount made [	payable to the Florida Depa	irtment of State:
<b>\$</b> 35 Filing Fee	e \$\Bigcup \\$43.75 \text{ Filing Fee & Certificate of Status}	S43.75 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		Amendr Division The Ce 2415 N	Address Iment Section In of Corporations Entre of Tallahassee N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

East Lake Manor, Inc.	,
(Name of Corporation as currently filed with the Florida Dept. of State)	
P03000112461	
(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 its Articles of Incorporation:	amendment(s) to
A. If amending name, enter the new name of the corporation:	
7	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Trincipal Office address MOST DEASTREET ADDRESS)	
	<del></del>
C. Enter new mailing address, if applicable:	20
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>
	· · · · · ·
	13
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	<b>=</b>
new registered agent and/or the new registered office address:	₽
Name of New Registered Agent	တ
(Florida street address)	
New Province of Office Address	
New Registered Office Address:, Florida	:le)
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	
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e) F.S.	

address of each Officer a (Attach additional sheets, Please note the officer/din P = President; V= Vice I Executive Officer; CFO = President, Treasurer, Dir. Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove.	and/or D if necess rector titl President Chief Fi ector wor in the fol wes the c	irector b ary) e by the fi ; T= Tred nancial C uld be PT llowing m orporatio	eing added:  assurer: S= Secretary: D= Director: TR= Tolficer. If an officer/director holds more that D.  anner. Currently John Doe is listed as the n. Sally Smith is named the V and S. These	Idirector being removed and title, name, and irustee; C = Chairman or Clerk; CEO = Chief n one title, list the first letter of each office held.  PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	S		Cristina Tioseco	722 E Lake Rd. South
Add		_		Tarpon Springs, FL 34688
X Remove				
2) Change		<del></del>		
Add				
Remove 3) Change				
Add		-		
Remove				
4) Change				
Add		_		
Remove				
Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

/A	
If an amendment provides for an exchange, reclassification, or cancel provisions for implementing the amendment if not contained in the	amendment itself:
(if not applicable, indicate N/A)	
* **	
/A	

The date of each amendment(s) ad date this document was signed.	option:	f other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u> </u> 
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not partment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder action ac	eholder
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement 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)	
selected	rector, president or other officer – if directors or officers have not been led fiduciary by that fiduciary)	
_	SYLVESTER REMORCA	
	(Typed or printed name of person signing)	
	President	
•	(Title of person signing)	