P03000/57858

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Amend

SECRETARY OF STATE DIVISION OF CORPORATIONS

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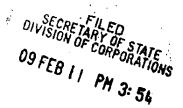
TO: Amendment Section **Division of Corporations**

NAME OF CORPOR	ATION: CRES of T	ampa Bay, Inc.	+	
DOCUMENT NUMB	er: <u>P03000157</u>	858		
The enclosed Articles	of Amendment and fee a	re submitted for filing.		
Please return all corres	pondence concerning thi	s matter to the following:		
		Larry Stockton		
	(Name o	of Contact Person)		
	CR	ES of Tampa Bay, Inc.		
	(Fir	m/ Company)		
	9108 U. S.	. Highway 19, 2nd Floor		
		(Address)		
	Port	Richey, FL 34668		
		tate and Zip Code)		
For further information	concerning this matter,	please call:		
Larry Stockton		at (727) 849-9	400	
(Name of Contact Person) (Area Code & Daytime Telephone No				
Enclosed is a check for	the following amount m	nade payable to the Florida	Department of State:	
✓ \$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		Street Address		
Amendment Se	*****		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporation Clifton Building	0112	
P.O. BOX 0327 Tallahassee, FL 32314		2661 Evecutive Center	r Cirola	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



P0300015785	8a	
(Document Number of Corpor		
Pursuant to the provisions of section 607.1006, Florida Statellowing amendment(s) to its Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the	
A. If amending name, enter the new name of the corporat	ion:	
The new name must be distinguishable and contain a 'incorporated' or the abbreviation "Corp.," "Inc.," or C"Co". A professional corporation name must containssociation," or the abbreviation "P.A."	Co.," or the designation "Corp," "Inc," or	
B. Enter new principal office address, if applicable:	20537 Amberfield Drive	
Principal office address <u>MUST BE A STREET ADDRESS</u>	Land O' Lakes, FL 34638	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20537 Amberfield Drive	
	Land O' Lakes, FL 34638	
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office a	*	
Name of New Registered Agent:		
New Registered Office Address: (Fl	orida street address)	
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I a position.		
Signature of N	ew Registered Agent, if changing	

<u>Title</u>	<u>Name</u>	Address	Type of Action
SVP	Michael W. Fields	12437 LAKE JOVITA BLVD DADE CITY, FL 33525	
<u>_</u>			
E. Man			
provis		nge, reclassification, or cancellation of ment if not contained in the amendmen	
provis	sions for implementing the amend		

The date of each amendment(s) adoption: January 2, 2009
Effective date if applicable: January 2, 2009
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were 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.
Signature (By a director, president of 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)
D. Dewey Mitchell
(Typed or printed name of person signing)
Secretary / Treasurer
(Title of person signing)