## PO40000 42981

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

	TION: Genesis	Assisted Liv 042981	ing facility Inc
DOCUMENT NUMBI	(R: 10 (000)	J 78 (01	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
<del>-</del> -	Projectel	Name of Contact Person	
	2703 NW	Firm/ Company (19 TENNEWC	E
-	CoralSprin	Address  Address  S H 3301  Dity/ State and Zip Code	<u>گه</u>
-	MOWATTAFC E-mail address: (to be us	H @ a o   . Co	notification)
For further information	concerning this matter, pleas	se call: (754)	J35-1955
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

GENESIS ASSISTED	LIVING FACILITY INC.
	ently filed with the Florida Dept. of State
+0400004298 (Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, the Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	<u>.</u>
GENESIS QUALTY Someone must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". "chartered," "professional association," or the abbreviation "P.,	""company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	2703 NW 119 TEMETE
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	CONAL SPRINGS 71
	33065
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	2703 NW 119 TRANCACC CORPL SPRINGS 7-1 33065
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Name of New Registered Agent	
(Florada	i street address)
New Registered Office Address:	, Florida
	(Cuy) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent—I am familia	
Signature of Nev	v Registered Agent, if changing
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (1	(1) (e). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer'director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR - Trustee; C = Chairman or Clerk; CEO = Executive Officer; CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. The a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doc, PT as a Change, V as Remove, and Sally Smith, SV as an Add.

X Change	$\underline{\mathbf{p}}\underline{\mathbf{r}}$	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove		\ . \	
2) Change		<del>\</del> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Add		N 1 H	
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
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 $NA$ )

The date of each amendment(s) ac	loption:	if other than
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will ne partment of State's records.	ot be listed a
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and sh	areholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.	
	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 east	for the amendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
Dated 6	9/2020 ieen Nat	
selected	rector, president or other officer – if directors or officers have not been  I, by an incorporator – if in the hands of a receiver, trustee, or other court ed (iduciary by that (iduciary))	
	Trascaria Mowall	
	(Typed or printed name of person signing)	
	trestdent	
	(Title of person signing)	