P06000144024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT 23 PM 3:25

N.C.

C.COULLIETTE

OCT 23 2008

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LIFE & DREAMS ASSISTING LIVING FACILITY, INC.

DOCUMENT NUMBER: P06000144024

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

Please return all correspondence concerning this matter to the following:

OSVALDO MORALES
(Name of Contact Person)

LIFE & DREAMS ASSISTING LIVING FACILITY, INC.
(Firm/ Company)

16116 TAMPA STREET
(Address)

LUTZ, FL., 33548
(City/ State and Zip Code)

For further information concerning this matter, please call:

OSVALDO MORALES at (813) 758-0729
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $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
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2008

OSVALDO MORALES
LIFE & DREAMS ASSISTING LIVING FACILITY
16116 TAMPA ST
LUTZ, FL 33548

SUBJECT: LIFE & DREAMS ASSISTING LIVING FACILITY, INC.
Ref. Number: P06000144024

We have received your document for LIFE & DREAMS ASSISTING LIVING FACILITY, INC. and check(s) totaling $43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 108A00053087

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2008 OCT 22 AM 8:00
RECEIVED

Articles of Amendment
to
Articles of Incorporation
of

LIFE & DREAMS ASSISTING LIVING FACILITY, INC.

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

P06000144024

(Document number of corporation (if known)

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

NEW CORPORATE NAME (if changing):

JENNY'S ADULT FAMILY CARE, INC.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

PLEASE CHANGE THE COMPANY NAME

08 OCT 23 PM 3:25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: 08/29/2008

Effective date if applicable: 08/29/2008
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were approved 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 X _____
(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)

OSVALDO MORALES
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: $35