

PO6000145478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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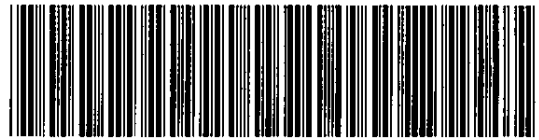
(Business Entity Name)

(Document Number)

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08/06/09--01025--019 \*\*43.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 AUG 20 PM 2:05

*Amend & W.C.*  
C.COULLIETTE

AUG 20 2009

EXAMINER

**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION:** ROYAL COURT ASSISTED LIVING FACILITY, INC.

**DOCUMENT NUMBER:** 006000145478

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

Please return all correspondence concerning this matter to the following:

ALITHIA LEONCE

Name of Contact Person

ROYAL COURT ASSISTED LIVING FACILITY, INC

Firm/ Company

P.O. BOX 210243

Address

ROYAL PALM BEACH, FL. 33421

City/ State and Zip Code

brigs50@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALITHIA LEONCE

Name of Contact Person

at (561) 793-7553

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made 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**

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

August 10, 2009

ALITHIA LEONCE  
PO BOX 210243  
ROYAL PALM BEACH, FL 33421

SUBJECT: ROYAL COURT ADULT FAMILY CARE HOME, INC.  
Ref. Number: P06000145478

We have received your document for ROYAL COURT ADULT FAMILY CARE HOME, 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 date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

You will need to check one of the blocks to indicate the manner of adoption for the amendment.

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: 609A00027251

RECEIVED

2009 AUG 20 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

ROYAL COURT ADULT FAMILY CARE HOME, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

P06000145478

(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:

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

ROYAL COURT 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**)

113 MEADOW WOOD DR.  
ROYAL PALM BEACH  
FL. 33411

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. BOX 210243  
ROYAL PALM BEACH, FL. 33421

**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:

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida  
(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.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 AUG 20 PM 2:05

The date of each amendment(s) adoption: 8/17/09  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(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.

Dated 8/17/09

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)

ALITHIA LEONCE  
(Typed or printed name of person signing)

PRESIDENT / OWNER  
(Title of person signing)