

PO7000 002 219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

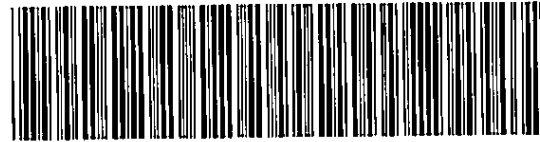
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Spoke w/ Irene
Wilkinson. Advised
to white out incorrect
box & white out
incorrect Name Change
10/10/19 - Rwhite

Office Use Only



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R.V. UNIT
OCT 10 2019

2019 OCT 10 AM 10:06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2019

IRENE WILKERSON
325 NORWOOD ST
MERRITT ISLAND, FL 32953

SUBJECT: NORWOOD ASSISTED LIVING INC.
Ref. Number: P07000002219

We have received your document for NORWOOD ASSISTED LIVING INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

****PLEASE ONLY CHECK ONE BOX.****Also, In section (A) page(1of4) you indicated that the name of the entity is changing. But it looks identical to the name already listed in our records. Please specify what is changing in the name of the entity if anything.

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) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 219A00020375

9/01/19

Florida Department of State
Division Of Corporations

To whom it may concerns,

Attached Articles of Amendment, as of September 01, 2019 Irene Wilkerson is a new owner of Norwood Assisted Living INC.

Can reach out thru Telephone # 407-715-7845 and mailing address or return address is

Irene Wilkerson
1014 Woodlawn Rd
Rockledge Fl, 32955

Thank you very much,

Sincerely,
Irene Wilkerson

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Norwood Assisted Living Inc.

DOCUMENT NUMBER: PO7000002219

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

Please return all correspondence concerning this matter to the following:

Irene Wilkerson

Name of Contact Person

Norwood Assisted Living Inc.

Firm/ Company

325 Norwood St

Address

Merritt Island FL 32953

City/ State and Zip Code

norwooda1f@gmail.com

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

For further information concerning this matter, please call:

Irene Wilkerson

Name of Contact Person

at (407) 715-7845

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

Articles of Amendment
to
Articles of Incorporation
of

2019 OCT 10 PM 10:06

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

Norwood Assisted Living INC.

(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:

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)

325 Norwood St
Merritt Island FL 32953

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

325 Norwood St
Merritt Island, FL 32953

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 Irene Wilkerson
1014 Woodlawn Rd
(Florida street address)

New Registered Office Address: Rockledge Florida 32955
(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.

Irene Wilkerson
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and 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 = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. 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. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove	Ganary	Jennifer	1151 NE 59 street Fort Lauderdale, FL 33308
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove	CEO	Ganary, Derek	325 Norwood street Miami Island, FL 32915
3) <input type="checkbox"/> Change			
<input checked="" type="checkbox"/> Add	CEO	Irene Wilkerson	1014 Woodlawn Rd Rockledge FL 32953
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 N/A)

The date of each amendment(s) adoption: September 02, 2019, if other than the date this document was signed.

Effective date if applicable: 09/02/19
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 9/2/19

Signature Irene Wilkerson
(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)

Irene Wilkerson

(Typed or printed name of person signing)

CEO

(Title of person signing)