P67060	07625
(Requestor's Name) (Address) (Address)	500318700205
(City/State/Zip/Phone #)	09/27/1801007013 **35.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	THE SEP 21 P & 21
Office Use Only	r



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ______ GOLDEN HOUSE ASSISTED LIVING INC

DOCUMENT NUMBER: ____

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

Please return all correspondence concerning this matter to the following:

DAVID STEINFELD

Name of Contact Person

BROTHER AND SISTER ACCOUNTING LLC

Firm/ Company

4720 SALISBURY RD SUITE 229

Address

JACKSONVILLE, FLORIDA 32256

City/ State and Zip Code

DAVID@BROTHERANDSISTERACCOUNTING.COM

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

For further information concerning this matter, please call:

DAVID STEINFELD at (904) 493-6481 Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

S43.75 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 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

GOLDEN HOUSE ASSISTED LIVING INC

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

P07000108625

(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."

В.	Enter	new p	rincipal	office a	ddress.	, if applic	<u>:able:</u>
(Pr	incipal	office	address	MUST	BEAS	STREET	ADDRESS)

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

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		
	(Florida street address)	<u> </u>
<u>New Registered Office Address:</u>	(City)	. Florida (Zip Code)
iew Registered Agent's Signature, if changing R hereby accept the appointment as registered agent	<u>egistered Agent:</u> . I am familiar with and accept the obligation	is of the position
	gnature of New Registered Agent, if changing	
		2000 Bea

•

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:

<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	Address
1) Change	VP	MICHAEL CHANATA	3900 OLD CHESTERFIELD CRO:
X Add			JACKSONVILLE, FLORIDA 322:
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

· · · ·	
The date of each amendment(s) adoptidate this document was signed.	09/24/2018 on:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Departi	does not meet the applicable statutory filing requirements, this date will not be listed as the nent of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.
	d by the shareholders through voting groups. <i>The following statement</i> voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	ne amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
(.	$\frac{1-24-18}{2}$
selected, by	or, president or other officer if directors or lifficers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
GAI	BRIELA PELLOSMAA
	(Typed or printed name of person signing)
PRE	SIDENT
	(Title of person signing)