P09000041692

| (Requestor's Name) | |
|---|--------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| : (Business Entity Name) | 1 |
| (Document Number) | · : |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ony 4/2 or

COVER LETTER

TO: Amendment Section **Division of Corporations**

| NAME OF COR | PORATION: NEW LIFE | GENERATIONS TRANS | TION CENTER | | |
|--|--|---|--|--|--|
| DOCUMENT N | UMBER: | P09000041692 | · • · | | |
| The enclosed Arti | icles of Amendment and fee a | are submitted for filing. | | | |
| Please return all c | orrespondence concerning th | is matter to the following: | | | |
| | | MENIC H CALICCHIA | | | |
| | , | Name of Contact Person | | | |
| | PROFESSIONAL | L ACCOUNTING SERVICE, IN | IC. | | |
| | | Firm/ Company | | | |
| | 1520 F | BOTTLEBRUSH DR NE | | | |
| | | Address . | - | | |
| 2 1 2 | P/ | ALM BAY FL 32905 | | | |
| | C | City/ State and Zip Code | | | |
| • | · • | • • • | | | |
| | E-mail address: (to be use | ed for future annual report notification) | | | |
| For further inform | nation concerning this matter, | please call: | | | |
| | | at () | | | |
| Nam | e of Contact Person | Area Code & Daytime Te | lephone Number | | |
| Enclosed is a chec | ck for the following amount n | nade payable to the Florida Depar | tment of State: | | |
| \$35 Filing Fee | \$43.75 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 A | | Street Address | | | |
| Amendment Section Division of Corporations | | Amendment Section | | | |
| P.O. Box 6 | • | Clifton Building | Division: of Corporations Clifton Building | | |
| Tallahassee, FL 32314 | | 2661 Executive Center Circ | le | | |
| | | Tallahassee, FL 32301 | | | |

Articles of Amendment to Articles of Incorporation

NEW LIFE GENERATIONS TRANSITION CENTER, INC.

| (Name of Corporation as currently filed with the Florida Dept. of State) |
|--|
| P0900041692 |
| (Document Number of Corporation (if known) |

| A. If amending name, enter the new name of the | corporation: | | |
|--|-----------------------|-------------------------|-----------------------------|
| rome must be distincted by | | | The new |
| name must be distinguishable and contain the wabbreviation "Corp.," "Inc.," or Co.," or the designame must contain the word "chartered," "profession | gnation "Corp," "Inc | c," or "Co". A profess | ional corporation |
| B. Enter new principal office address, if applicab | <u>le:</u> | | . Zs 5 |
| (Principal office address MUST BE A STREET AD | ODRESS) | | |
| | | | AHAS |
| | | | 31 P |
| C. Enter new mailing address, if applicable: | | | |
| (Mailing address <u>MAY BE A POST OFFICE B</u> | <u>OX</u>) | | - 88 |
| , | | | 30 |
| | | | _ |
| D. If amending the registered agent and/or regist | ered office address i | n Florida, enter the na | me of the |
| new registered agent and/or the new registered | | | |
| Name of New Registered Agent: | | | |
| Name of New Registered Agent. | | | |
| N P - 1 - 1 - 0 0 - 1 1 1 | (FI + 1 | 17 | |
| New Registered Office Address: | (Florida street | address) | |
| | | , Florida | ı |
| | (City) | (Zip Code) | |
| | | | |

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)

| Title | <u>Name</u> | <u>Address</u> | Type of Action |
|--|--|-------------------------------|-----------------|
| <u>VP</u> | JARVIS GRIGSBY | | |
| | | | |
| | | | |
| | | | Remove |
| | | | |
| | | | Remove |
| | | | |
| E. <u>If amen</u> | ding or adding additional Articles, | enter change(s) here: | |
| (attach a | dditional sheets, if necessary). (Be | specific) | |
| | | | |
| | | | |
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| | | | |
| <u>, </u> | | | |
| | mendment provides for an exchange | | |
| | ions for implementing the amendme not applicable, indicate N/A) | nt if not contained in the am | endment itself: |
| () | ······, | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | ···· | | |

| | (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 by the shareholders was/wer | e adopted by the shareholders. The number of votes cast for the amendment(se sufficient for approval. |
| | e approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes ca | ast for the amendment(s) was/were sufficient for approval |
| by | |
| (| (voting group) |
| The amendment(s) was/were action was not required. | e adopted by the board of directors without shareholder action and shareholde |
| The amendment(s) was/were action was not required. | adopted by the incorporators without shareholder action and shareholder |
| Dated | 06/30/2009 |
| Signature | a director, president or other officer – if directors or officers have not been |
| | ted, by an incorporator – if in the hands of a receiver, trustee, or other court |
| арро | inted fiduciary by that fiduciary) |
| | |
| | (Typed or printed name of person signing) |
| | |
| | (Title of person signing) |