## P090000 46000

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N/ Amend

SECRETARY OF STATE PIVISION OF CORPORATIONS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	poration: THE ODO	SIR ASSISTED LIVING	FACILITIES	Inc	
DOCUMENT N	UMBER: Pogod	0046000			
The enclosed Arts	icles of Amendment and fee a	re submitted for filing.			
Please return all c	correspondence concerning thi	s matter to the following:			
	RITA CKI	enco w ame of Contact Person	<u></u>		
		Firm/ Company			
	5221 BELVEDE	RE ROAD			
4		EACH FL 3341  ity/ State and Zip Code  ROL. Com  d for future annual report notification)	5		
	nation concerning this matter,				
RITA C	R(Cはしのい) ne of Contact Person	at (561) 281 4	phone Number		
Enclosed is a che	ck for the following amount n	nade payable to the Florida Depart	ment of State:		
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 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			
	ent Section		Amendment Section		
	of Corporations	Division of Corporations			
P.O. Box		Clifton Building	_	•	
l'allahass	ee, FL 32314	2661 Executive Center Circle	2		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

<b>7</b>			
P090000460	000		
(Document Nu	mber of Corporation (if known)		and
ant to the provisions of section 607.10 dment(s) to its Articles of Incorporation:		da Profit Corporation	adopts the follo
amending name, enter the new name	of the corporation:		
YE ODOSIA HON	4E INC		The new
must be distinguishable and contain eviation "Corp.," "Inc.," or Co.," or the must contain the word "chartered," "pr	e designation "Corp," "Inc," o	or "Co". A professio	orated" or the nal corporation
nter new principal office address, if ap cipal office address <u>MUST BE A STRE</u>			
•	•		
Enter new mailing address, if applicable	e:		
Mailing address <u>MAY BE A POST OF</u> F			
			. 60 SEA
amending the registered agent and/or			
amending the registered agent and/or ew registered agent and/or the new reg	<u>registered office address in Fi</u> vistered office address:	lorida, enter the name	e of the
			<u>ာ</u> တို့ပ
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	<del> </del>	# 22 # 550
		<u> </u>	φ <del>2</del>
New Registered Office Address:	(Florida street addı	ess)	
		. Florida	
	(City)	(Zip Code)	
	()	(-4>	
Registered Agent's Signature, if chang	in Desistend Assets		

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)

<u>Title</u>	Name	Address	Type of Action
P	DAVID KOWE	1838 NW 58 RYE LOUDERWILL FL 3331B	_ ☑ Add _ □ Remove
<del></del>	· · · · · · · · · · · · · · · · · · ·		_ 🗀 Add _ 🗀 Remove
<del></del>			_
	nding or adding additional Articles, ent additional sheets, if necessary). (Be spe		
<u>-</u>			
	amendment provides for an exchange, r		
	not applicable, indicate N/A)	ir nye contained in the amendingue	<u> 1130111</u>
		· · · · · · · · · · · · · · · · · · ·	······

TL 3.46 L 3	(-X - 4 4t	Tomas	PTH	7 9
The date of each amendment	(s) adoption:	A Chote	<u> </u>	2009
Effective date if applicable:		(date of add	piion is require	2009
Enecuve date <u>if applicable</u> .	(no more the	an 90 days after a	mendment file a	late)
	(110 1110) 0 1110		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•			. •	:
Adoption of Amendment(s)	(	CHECK ONE)	•	
The amendment(s) was/wer by the shareholders was/we			The number of	f votes cast for the amendment(s)
The amendment(s) was/wer must be separately provided				g groups. The following statementely on the amendment(s):
"The number of votes	east for the ar	mendment(s) was/	were sufficient	for approval
by	····	<u> </u>		
	(voting group	p)		
action was not required.				areholder action and shareholder older action and shareholder
DatedSignature	Turi	8 200 Drie	L h bu	
(By selec	cted, by an in		the hands of a r	ors or officers have not been receiver, trustee, or other court
	_ R 17	Typed or printed	.# Low name of person	n signing)
	PR (Tit	ES IDENT	ng)	