

PD9000068721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

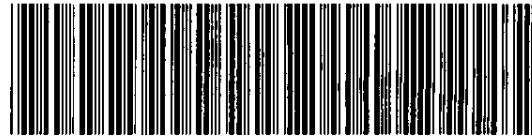
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 FEB -9 AM 11:17

FILED

NC  
S  
2/10/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Wolliston Foster Home DBA Wolliston Group Home

**DOCUMENT NUMBER:** P09000068721

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

Please return all correspondence concerning this matter to the following:

Joyce C. Wolliston

Name of Contact Person

Wolliston Foster Home DBA Wolliston Group Home

Firm/ Company

231 South Sequoia Drive

Address

West Palm Beach, Florida 33409

City/ State and Zip Code

wollistonj@bellsouth.net

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

For further information concerning this matter, please call:

Joyce C. Wolliston

Name of Contact Person

at ( 561 )

683-3943

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

February 1, 2011

JOYCE C. WOLLISTON  
WOLLISTON FOSTER HOME DBA WOLLISTON GROU  
213 SOUTH SEQUOIA DRIVE  
WEST PALM BEACH, FL 33409

SUBJECT: WOLLISTON FOSTER HOME CORP.  
Ref. Number: P09000068721

We have received your document for WOLLISTON FOSTER HOME CORP. 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):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 411A00002661

NOTICE: The enclosed document is being returned to you because it does not meet the requirements of the Florida Department of State, Division of Corporations. The document is being returned to you for the following reason(s):

1. The document is not properly signed. The document must be signed by a director, president or other officer of the corporation. If the corporation is a not-for-profit corporation, the document must be signed by the chairman or vice chairman of the board, president or other officer. If the corporation is a profit corporation, the document must be signed by a director, president or other officer. If the corporation is a limited liability company, the document must be signed by a member or manager of the company.

Articles of Amendment  
to  
Articles of Incorporation  
of

WOLLISTON FOSTER HOME Corp.

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

P09000068721

(Document Number of Corporation (if known))

FILED  
2011 FEB -9 AM 11:17  
REGISTRAR OF STATE  
TALLAHASSEE, FLORIDA

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:**

WOLLISTON GROUP HOME Corp. 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)

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

(Mailing address MAY BE A POST OFFICE BOX)

**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)

(City)

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

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<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)*

Wolliston Foster Home \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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: 01/10/2011

Effective date if applicable: 01/10/2011 (date of adoption is required)  
(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 Joyce C. Wolliston."  
(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 01/10/2011

Signature

Joyce C. Wolliston  
(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)

Joyce C. Wolliston

(Typed or printed name of person signing)

Owner/Operator

(Title of person signing)