## P10000079800

| (Red                      | questor's Name)   | ·         |
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| PICK-UP                   | ☐ WAIT            | MAIL      |
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| Certified Copies          | _ Certificates    | of Status |
| Special Instructions to I | Filing Officer:   |           |
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AUG 1 3 2012 T. BROWN

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: Cinnar                     | mon Cove ALF, Inc                                |
|---|--|
| DOCUMENT NUMBER:                                |  |
| The enclosed Articles of Amendment and fee      | are submitted for filing.                        |
| Please return all correspondence concerning the | his matter to the following:                     |
| Kathie Chris                                    | stian  |
|   | Name of Contact Person                           |
| Cinnamon (                                      | Cove ALF, Inc                                    |
| <del></del>                                     | Firm/ Company                                    |
| 5863 Bever                                      | ly Dr.   |
|   | Address  |
| Hudson, FL                                      | 34667  |
|   | City/ State and Zip Code                         |
| Kathio@Kathio                                   | Christian com                                    |
| Kathie@Kathie                                   | be used for future annual report notification)   |
| L-man address. (a                               | be used for rature annual report normeactory     |
| For further information concerning this matter  | , please call:                                   |
| _   |  |
| Kathie Christian                                | <sub>at (</sub> 727 <sub>)</sub> 862-0539        |
| 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: |
| \$35 Filing Fee                                 |  |
| Mailing Address                                 | Street Address                                   |
| Amendment Section                               | Amendment Section                                |
| Division of Corporations<br>P.O. Box 6327       | Division of Corporations Clifton Building        |
| Tallahassee, FL 32314                           | 2661 Executive Center Circle                     |

Tallahassee, FL 32301



August 10, 2012

KATHIE CHRISTIAN CINNAMON COVE ALF, INC. 5863 BEVERLY DR HUDSON, FL 34667

SUBJECT: CINNAMON COVE ALF, INC.

Ref. Number: P10000079800

We have received your document for CINNAMON COVE ALF, 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):

The date of adoption of each amendment must be included in the document.

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

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.

Teresa Brown Regulatory Specialist II

Letter Number: 412A00020742

P. A. SECHETAR CORPORTE

## Articles of Amendment to Articles of Incorporation of

| of  | <b>5</b> 9  |
|---|---|
| Cinnamon Cove ALF, Inc.   | rida Dept. of State)  |
| (Name of Corporation as currently filed with the Fig.   | rida Dept. of State)  |
| <u> 10000079800</u>   | <u></u>   |
| (Document Number of Corporation (if)  | (nown)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Flits Articles of Incorporation:   | forlidu Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:   |   |
| n/a   | Tha new   |
| name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P. | o". A professional corporation name must contain the            |
| B. Enter new principal office address_if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )  |   |
|   |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 5863 Beverly Dr.  |
| •   | Hudson,FL 34667   |
| D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  Bob Fielder  | ss in Florida, enter the name of the                            |
| 5863 Beverly I  | Dr.   |
| (Florida stree  |   |
| New Registered Office Address: Hudson   | Florida 34667   |
| (City)  | (Zip Code)  |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the signature of New Registered Agent.                          |   |

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:

| X Change                      | PT let       | n Doc            |                  |
|-------------------------------|--------------|------------------|------------------|
| X Remove                      | A Wil        | ke Jones         |                  |
| _X Add                        | SV Sal       | ly Smith         |                  |
| Type of Action<br>(Check One) | <u>Title</u> | Name             | Address          |
| 1) Change                     | P            | Michelle Wood    | 18313 East Rd.   |
| Add                           |              |                  | Hudson, FL 34667 |
| X Remove                      |              |                  |                  |
| 2) Change                     | <u>VP</u>    | Albert Wood      | 18313 East Rd.   |
| Add                           |              |                  | Hudson, FL 34667 |
| X Remove                      |              |                  |                  |
| 3) Change                     | P,T          | Kathie Christian | 5863 Beverly Dr. |
| X Add                         |              |                  | Hudson, FL 34667 |
| Remove                        |              |                  |                  |
| 4) Change                     | VP,S         | Bob Fielder      | 5863 Beverly Dr. |
| $X_{Add}$                     |              |                  | Hudson, FL 34667 |
| Remove                        |              |                  |                  |
| 5) Change                     | -n           |                  |                  |
| Add                           |              |                  | <del></del>      |
| Remove                        |              |                  |                  |
| 6) Change                     | -            |                  |                  |
| Add                           |              |                  |                  |
| Remove                        |              |                  |                  |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)   |   |
|---|---|
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| F. If an amendment provides for an exchange, recistsification, or cance provisions for implementing the amendment if not contained in the (if not applicable, indicate N/A) | lation of issued shares,<br>imendment itself: |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |

| The date of each amendment(s) adaption: Tuly 31, 2012   |
|---|
| August 10, 2012   |
| fan more than 90 days after amandment flår dans)  |
|   |
| Adoption of Amendment(s) (CHRCK ONE)  |
| The assembles was were adopted by the starwindiers. The sumber of votes cast for the assendment(s) by the starwholders was was were sufficient for approval.  |
| The assendment(s) washines approved by the shareholders through vesting groups. The following materians must be apparently provided for each vesting group entitled to vest apparently on the amendment(s): |
| "The mainber of votes cast fee the amendment(s) was/very sufficient for approval  |
| by  |
| (voting group)  |
| The assendment(s) weatwere adopted by the board of directors without showholder action and shandrolder action and shandrolder action and shandrolder  |
| The amandment(s) wantwere adopted by the incorparators without shurcholder action and shursholder action and shursholder action and shursholder action and shursholder.                                     |
| Dutod   |
|   |
| (By a director, president or other officer - if directors or officers have not been   |
| antenned, by an incorporator – if in the hands of a receiver, trustee, or other court approised fiduciary by that fiduciary)  |
| Michelle Wood Anchole I hoo   |
| (Typod or printed spile of person signing)  |
| President D. Ul   |
| (Title of plants eigning)   |