910000019

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PiCK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Na	me)
(Do	cument Number)	
Certified Copies		
Special Instructions to I	Filing Officer:	

Office Use Only



300208395253

06/03/11--01008--023 **43.75

Marke Change E Omer Que



00R 0/9/11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	PINES GROUP HOME, I	NC.
DOCUMENT NUMB	ER:	P11000000089	
The enclosed Articles	of Amendment and fee an	re submitted for filing.	
Please return all corres	pondence concerning thi	s matter to the following:	
	······································	nbury and Jennifer Genus	
	N	ame of Contact Person	
	Pine	es Group Home, Inc.	
		Firm/ Company	
1'		81 Springfield Place	
		Address	
	Co	oper City, FI 33026	
		ity/ State and Zip Code	
	pinesgroup E-mail address: (to be used	home@comcast.net d for future annual report notification)	
For further information	concerning this matter,	please call:	
Opal Stanbu	ry / Jennifer Genus	at (954) 91	
Name of C	ontact Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	the following amount m	nade payable to the Florida Departi	ment of State:
□ \$35 Filing Fee [\$43.75 Filing Fee & Certificate of Status		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building	
i aiianassee, Fl	. 32314	2661 Executive Center Circle	;

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

Pines Assisted Living Fac	cility, Inc.
(Name of Corporation as currently filed with	the Florida Dept. of State II JUN -3 AM : 4
P11000000089	
(Document Number of Corporat	
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation) n:
Pines Group Home,	Inc. The new
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional associ	Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	11081 Springfield Place
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Cooper City, FI 33026
 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 new registered agent and/or the new registered office address 	
new registered agent and/or the new registered office ad-	
Name of New Registered Agent:	
New Registered Office Address: (Flor	ida street address)
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam.	iliar with and accept the obligations of the position.
signature of New	Registered Agent, if changing

removed s Attach ad	ditional sheets, if necessary)		
<u> Fitle</u>	<u>Name</u>	Address	Type of Actio
			L Remove
·			☐ Add ☐ Remove
			
Article III	additional sheets, if necessary) Purpose: oup Home primary purpose i	s to support persons with dev	relopmental
Article III Pines Gr	- Purpose: oup Home primary purpose i		
Article III Pines Gr disabilitie	- Purpose: oup Home primary purpose it is living, learning and work mendment provides for an excha	s to support persons with dev	ity life.
Article III Pines Gr disabilitie	- Purpose: oup Home primary purpose it is living, learning and work mendment provides for an excha	s to support persons with dev	ity life.
Article III Pines Gr disabilitie F. If an a provis	- Purpose: oup Home primary purpose it is living, learning and work mendment provides for an exchaions for implementing the amend	s to support persons with dev	ity life.
Article III Pines Gr disabilitie F. If an a provis	- Purpose: oup Home primary purpose it is in living, learning and work mendment provides for an exchaions for implementing the amendment applicable, indicate N/A)	s to support persons with dev	ity life.
F. If an a provis	- Purpose: oup Home primary purpose is in living, learning and work mendment provides for an exchaions for implementing the amendment applicable, indicate N/A) sher of shares of stock is:	s to support persons with dev	ity life.
Article III Pines Gr disabilitie F. If an a provis (if) The num	- Purpose: oup Home primary purpose is in living, learning and work mendment provides for an exchaions for implementing the amendment applicable, indicate N/A) aber of shares of stock is:	s to support persons with dev	ity life.

The date of each amendmen	t(s) adoption: May 26th, 2011
Effective date if applicable:	May 26th, 2011 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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	(voting group)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated May	/ 26th, 2011
	y a director, president or other officer - if directors or officers have not been
	ected, by an incorporator - if in the hands of a receiver, trustee, or other court
apı	pointed fiduciary by that fiduciary)
	Opal Stanbury
	(Typed or printed name of person signing)
	Director
	(Title of person signing)