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JUN 1 7 2014 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	N: COOLIDGE PALM	IS ASSISTED LIVING RE	ESORT, INC.
DOCUMENT NUMBER: P			
The enclosed Articles of Amer	ndment and fee are sub	omitted for filing.	
Please return all correspondence	ce concerning this mat	ter to the following:	
Daniel	Cohen		
<del></del>		Name of Contact Person	l
		Firm/ Company	
7200 W	. Camino Real, Suite	200	
<del></del>		Address	
Boca R	aton, FL 33433		
		City/ State and Zip Code	<b>:</b>
donny@prive	apcompanies.com		
E-	mail address: (to be us	ed for future annual report	notification)
For further information concer	ning this matter, pleas	e call:	
Daniel Cohen		at (	952-2501
Name of Conta	ect Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made p	payable to the Florida Depa	rtment of State:
	\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

9.346

## Articles of Amendment to Articles of Incorporation of

COOLIDGE PALMS ASSISTED LIVING RESORT, INC.

f Corporation as current	lly filed with the Florida Dept. of State)	<b>&gt;</b> 50	
		ر است ایج ح	
(Document Number	of Corporation (if known)	50	
006, Florida Statutes, this	s Florida Profit Corporation adopts the follo	wing amend	
A. If amending name, enter the new name of the corporation:			
ation "Corp," "Inc," or	"Co". A professional corporation name m		
f applicable:	7200 W. Camino Real, Suite 200		
	Boca Raton, FL 33433		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		•	
	Boca Raton, FL 33433		
Privcap Companies, LLC			
7200 W. Camino Real, S	uite 200		
(Florida s	•		
Boca Raton	, Florida		
	(City)	Zip Code)	
nanging Registered Ager ered agent. I am familian	nt: r with and accept the obligations of the positi	on.	
	(Document Number of 1006, Florida Statutes, this me of the corporation:  ain the word "corporation of 1007," "Inc," or 1007,"	ain the word "corporation," "company," or "incorporated" or the atton "Corp," "Inc," or "Co". A professional corporation name mation," or the abbreviation "P.A."    Tapplicable:	

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Gregg Covin	2057 Coolidge Street
Add			Hollywood, FL 33020
X Remove			
2) Change	D	Daniel Cohen	7200 W. Camino Real, Suite 200
X Add			Boca Raton, FL 33433
Remove			
3 ) Change	D	Israela Herskovitz	7200 W. Camino Real, Suite 200
X Add			Boca Raton, FL 33433
Remove			
4)Change	. 11-31		
Add			
Remove			
5) Change	•		
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<del></del>	
<u> </u>	
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
7 D	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the area	endment if not contained in the amendment itself:
(if not any limit to district M/4)	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable:  (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records.
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"  (voting group)
(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 June 1st, 2015
Signature ( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(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)
Daniel Cohen
(Typed or printed name of person signing)
Director
(Title of person signing)