P11000036297

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COVER LETTER

TO: Amendment Section Division of Corporations

Loving Angels Group Home Inc. NAME OF CORPORATION: P11000036297 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Emma Pronesti Name of Contact Person Loving Angels Group Home Inc. Firm/ Company 9 Ramble Way (4) Palm Coast, FL, 32164 City/ State and Zip Code holliwoodnights2@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Emma Pronesti Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Loving Angels Group Home Inc.

N/A

P11000036297

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

(Document Number of Corporation (if known)

Loving Angels Assiste			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design vord "chartered," "professional associat	ition "Corp," "Inc,	oration." "company," or "incorporated" o " or "Co". A professional corporation name ation "P.A."	r the abbreviation e must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		9 Ramble Way 🦠	
		Palm Coast, FL	
		32164	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9 Ramble Way	
		Palm Coast, FL	
		32164	<u>ن</u>
D. If amending the registered agent an new registered agent and/or the new		re address in Florida, enter the name of the ddress:	13 12:12 23
Name of New Registered Agent	N/A		
	(Flo	orida street address)	,
New Registered Office Address:	N/A	. Florida	
		(Cin) (Zip C	Tode)

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:

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(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 = Clief 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> <u>Jol</u>	un Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) N/A Change			
Add			and the same of th
Remove			
2) N/Achange			
Add			
Remove			
3 N/A Change			
Add			
Remove			
4) N/AChange			
Add			
Remove			
5/N/A Change			man 11 1
Add	7444 2 0 2.1.2		
Remove			•
6) N/A Change	 		
Add			
Remove			



In amendment provides for an exchange, reclassification, or cancellation of issued stoxisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
in amendment provides for an exchange, reclassification, or cancellation of issued stovisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate NA)	
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(if not applicable, indicate N/A)	: :
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	3/25/12
The date of each amendment(s) a	doption:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ad by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) infficient for approval.
	proved by the shareholders through voting groups. The following statement veach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	t for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated3/25	3/2013
Signature (By a selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other count need fiduciary by that fiduciary)
	EMMA PRONEST!
	(Typed or printed name of person signing)
	VICE PRESIDENT
	(Title of person signing)