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TALLANASSEE, FLORIDA

NOV 05 2013

R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	SOUTH	HERN ELEGANO	CE ALF INC	
NAME OF CORPORATION  COCUMENT NUMBER:		0059205		
The enclosed Articles of Amen	dwart and for an au	shmitted for filing		
The enclosed Articles of Amen	umeni and lee are st	iomitica for filing.		
Please return all correspondence	e concerning this ma	tter to the following:		
	DAVID R.	TONEY		
		Name of Contact Person	1	
		Firm/ Company		
2515 LANDOVER BLVD				
	Address			
	SPRING H	HILL, FLORIDA	34608	
	-	City/ State and Zip Code		
ç	SOUTHERN	IELEGANCEAL I	F@GMAIL.COM	
		sed for future annual report		
<b>5</b>		ova ioi iatai o aiiiaai topoit		
For further information concern	ing this matter, pleas	se call:		
DAVID R. TO	NEY	at (352	942-9171	
Name of Contac	t Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the follo	owing amount made	payable to the Florida Depa	rtment of State:	
	43.75 Filing Fee & ertificate 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 Add	ress	Street	Address	
Amendment Section		Amend	ment Section	
Division of Corporations			n of Corporations	
P.O. Box 6327 Tallahassee FL 32314			Building vecutive Center Circle	

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation**

FILED 13 OCT 31 PM 4:07

## SOUTHERNELEGANCE ALF INC

SOUTHERNELEGANCE ALF INC

SECRETARY OF STATE
(Name of Corporation as currently filed with the Florida Dept. of State) ALLAHASSEE, FLORIDA P12000059205

nt(s) to

(Document Number of	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporati	on adopts the following amend
A. If amending name, enter the new name of the co	poration:	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the d	"Inc," or "Co". A professional con	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	DAVID R.	TONEY
	P.O. BOX	5408
	SPRING HILL,	FL 34611-5408
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		e name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		orida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi		ntions of the position
пологу весері те арропинені из геділегей адені. Т	ын заниш жин ана ассері іне obligi	тоть ој те розтоп.
Signature of Ne	Registered Agent, if changing	<del></del>

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	Р	MATTHEW SUTERS	417 BULLARD PARKWAY
Add			TAMPA, FL 33617
Remove			
2) Change	Р	DAVID R. TONEY	2515 LANDOVER BLVD
Add			SPRING HILL, FL 34608
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			**
L Kemore			

	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
<u> </u>	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and an and an analysis and
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an angellation of issued shares, and and an angellation of issued shares, and and an angellation of issued shares, and an angellation of issued shares and an angellation of issued shares.
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The date of each amendment(s) ado	ption:	, if other than th
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	•
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated/	0/29/2013 David R. Joney	
Signature		<del></del>
	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court	
	fiduciary by that fiduciary)	
	DAVID R. TONEY	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT/ CEO	
_	(Title of person signing)	