P120000 71295

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
6.12.19

Office Use Only



300330901323

06/19/19--01006--011 **43.75

onle 2019 PH 2: 1

Mame Ch8

JUN 28 2019 I ALBRITTON

COVER LETTER . ,

Division of Corporations
NAME OF CORPORATION: Heritage Assisted Living Focility INC. DOCUMENT NUMBER: P120000011295
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Name of Contact Person Firm/ Company Address Cox F1, 32,922 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee & Certified Copy (Additional Copy is enclosed) \$35 Filing Fee & Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

•17
Articles of Incorporation
Λ of Λ
Heritage Assisted Livingfacility
(Name of Corporation as currently filed with the Florida Dept. of State)
P12000071295
(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

ts Articles of Incorporation:					
A. If amending name, enter the new name of	the corporation:				
Heritage t	Toca			The ne	•
name must he distinguishable and contain the Corp., "Inc.," or Co.," or the designation word "chartered." "professional association," B. Enter new principal office address, if apprincipal office address MUST BE A STREE	"Corp," "Inc," or "C or the abbreviation "I dicable:	lo". A professional corpe		abbreviatio	n
C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE)		1208 Tec	hpl. F1.729	122	
D. If amending the registered agent and/or r new registered agent and/or the new regi		ess in Florida, enter the n	ame of the	_	
	,		٠.	201	
	(Florida stre	et address)) (°	
New Registered Office Address:			, Florida		
	(1	City)	(Zi _j	o Codë)	:
New Registered Agent's Signature, if changir	ng Registered Agent:			PH 2: 1	· · ·
hereby accept the appointment as registered a		ith and accept the obligation	ons of the position	. 	
	Signature of Van. D.	aistered 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:

(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 <math>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.

Mike Jones, V as Remov Example:	ve, and Sal	ly Smith, SV as an Add.	
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>	Address
1) Change			//
Add			
Remove			
2) Change			
Add			/
Remove			
3) Change			
Add			
Remove		- /	
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	/	_	
Add (<i>/</i>		
Damara			

ach additional shee	g additional Articles. ts, if necessary). (B	Be specific)		
	- '			
	 			· · · · · · · · · · · · · · · · · · ·
<u> </u>				
	 			<u>. </u>
	- 			
		· · · · ·		
		·	<u> </u>	
				·
	··· ·			
· -				· · · · · · · · · · · · · · · · · · ·
	·			
· · · · · · · · · · · · · · · · · · ·				
	· •			
n amendment pro	vides for an exchang	e reclassification, o	r cancellation of issued sl	hares,
ovisions for imples	menting the amendm	ent if not contained	in the amendment itself:	-
(if not applicable	, indicate N/A) = /			
<u> </u>	/			
	./			
				
				
	· <u>-</u> - · · ·	· · · · · · · · · · · · · · · · · · ·		· ···

The date of each amendment(s) adop	ein (e/13/19	, if other than the
date this document was signed.		, ii oder tian di
Effective date <u>if applicable</u> :	6/13/19	
	(no more than 90 days after amendment f	(le date)
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirement of State's records.	tirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	d by the shareholders. The number of votes cast for itent for approval.	the amendment(s)
	red by the shareholders through voting groups. The sch voting group entitled to vote separately on the an	
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by		,
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action	on and shareholder
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action an	nd shareholder
Dated Q	3/19	
Signature	Mais Bouth	
	otor, president or other officer – if directors or office by an incorporator – if in the hands of a receiver, trus	
	fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	
	5	
	(Title of person signing)	