

P13000070601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

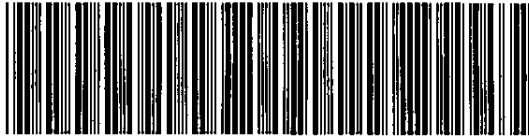
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lalique Lifestyle Care Assisted Living Facility, Inc.
DOCUMENT NUMBER: P13000070607

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marisel D. Heddrington
Name of Contact Person
Lalique Lifestyle Care Assisted Living Facility, Inc.
Firm/ Company
2161 Dickens St NE
Address
Palm Bay FL 32907
City/ State and Zip Code
L-lifestylecare2@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ebony Maynard at (321) 514-7228
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|---|---|--|

Mailing Address

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

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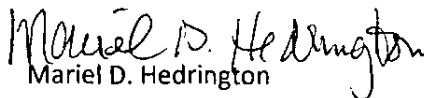
June 3, 2014

I, Mariel D. Hedrington will be the Sole Owner and Registered Agent of Lalique Lifestyle Care, Assisted Living Facility, Incorporated.

Ebony L. Maynard has been removed and no longer the owner of Lalique Lifestyle Care Assisted Living Facility, Incorporated as June 2, 2014.

Please feel free to contact me at 321-801-5367 more any additional questions or concerns.

Respectfully submitted,

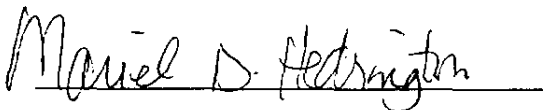

Mariel D. Hedrington

New Registered Agent

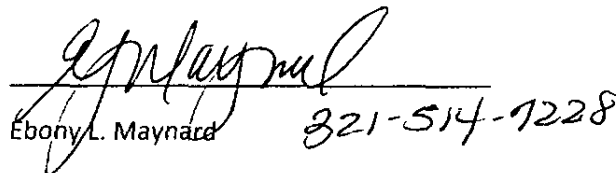
Lalique Lifestyle Care Alf, Incorp

2161 Dickens St. Ne, Palm Bay

Florida 32907 , 321-514-7228 / 340-626-2520



Mariel D. Hedrington, New Registered Agent


Ebony L. Maynard 321-514-7228

Articles of Amendment
to
Articles of Incorporation
of

Lalique Lifestyle Care Assisted Living Facility, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

P13000070601

(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 its Articles of Incorporation:

A. If amending name, enter the new name of the corporation: same

N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

same

2101 Dickens St NE
Palm Bay FL 32907

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

same

1331 Ruffin Circle SE
Palm Bay FL 32909

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Marisel D. Hedrington

1331 Ruffin Circle SE
(Florida street address)

New Registered Office Address: Palm Bay, Florida 32909
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Marisel D. Hedrington

Signature of New Registered Agent, if changing

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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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Zbony L Maynard</u>	<u>1331 Ruffin Circle SE</u> <u>Palm Bay FL 32909</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Mariel Hedrington</u>	<u>1331 Ruffin Circle SE</u> <u>Palm Bay FL 32909</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Mariel Hedrington</u>	<u>1331 Ruffin Circle SE</u> <u>Palm Bay FL 32909</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		<u>N/A</u>	
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		<u>N/A</u>	
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		<u>N/A</u>	

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

- ① Remove Ebony Maynard
- ② add Mariel Hedrington as President
- ③ New Registered agent is Mariel Hedrington

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: June 2, 2014, if other than the date this document was signed.

Effective date if applicable: June 2, 2014
(no more than 90 days after amendment file date)

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)

☐ 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 3, 2014

Signature Marcel D. Hedrington
(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)

Marcel D. Hedrington
(Typed or printed name of person signing)

New Registered agent and President
(Title of person signing)

321-514-7228

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