

P13000088476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

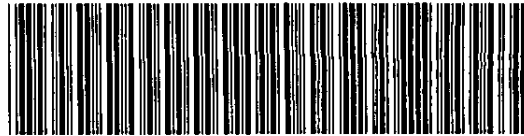
(Business Entity Name)

(Document Number)

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APPROVED
AND
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13 NOV 21 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
NOV 26 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2013

THOMAS COUGHLIN / SENIOR FAMILY SERVICES OF AMERICA INC
13391 A VIA VESTA
DELRAY BEACH, FL 33484

SUBJECT: SENIOR FAMILY SERVICES OF AMERICA, INC.
Ref. Number: P13000088476

We have received your document for SENIOR FAMILY SERVICES OF AMERICA, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$52.50. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 213A00026439

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Senior Family Services of America, Inc.

DOCUMENT NUMBER: P13000088476

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

Please return all correspondence concerning this matter to the following:

Thomas Coughlin

Name of Contact Person

Senior Family Services of America, Inc.

Firm/ Company

13391A Via Vesta

Address

Delray Beach, Florida, 33484

City/ State and Zip Code

tjc49@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas J Coughlin

at (561) 702-0549

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:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate 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 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

A stylized American flag is positioned on the left side of the header, with its stripes flowing. To the right of the flag, a horizontal line is decorated with several five-pointed stars of varying sizes.

Senior Family Services of America Inc.

"IF YOU'RE WORKING, WE'RE WORKING"

Senior Family Services of America Inc.

13391A Via Vesta

Delray Beach, Fl, 33484

561-702-0549

Attn: Carolyn Lewis

From: Thomas Coughlin P13000088476

I have enclosed the check required to complete this process.

Thank you for your assistance.

Thomas J Coughlin

A handwritten signature in cursive script, appearing to read "Thomas Coughlin", is written over a horizontal line.

Sincerely,

RECEIVED
13 NOV 24 PM 3:43
COMMUNITY RELATIONS
VISION OF FLORIDA
TALLAHASSEE

APPROVED
AND
FILED
13 NOV 21 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Senior Family Services of America, Inc.

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

P13000088476

(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:

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**)

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

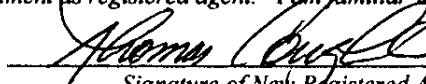
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Thomas J Coughlin
13391A Via Vesta
(Florida street address)

New Registered Office Address: Delray Beach, Florida 33484
(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.



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:

(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 checked="" type="checkbox"/> Change	<u>P</u>	<u>Barbara A Poletick</u>	<u>13391A Via Vesta</u>
<input type="checkbox"/> Add			<u>Delray Beach, Fl, 33484</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>PS</u>	<u>Thomas Coughlin</u>	<u>13391A Via Vesta</u>
<input type="checkbox"/> Add			<u>Delray Beach, Fl, 33484</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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)

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FILED
13 NOV 21 PM 4:33
if other than the
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: _____
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 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

11/12/2013

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)

THOMAS OUGHLIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)