

P14000025304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

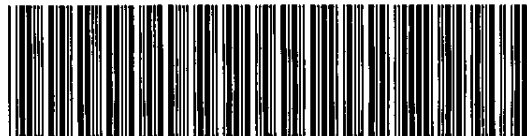
(Business Entity Name)

(Document Number)

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6-000-1001 69-11A10
TALLAHASSEE, FLORIDA

Amel

DEC 31 2014

R. WHITE

Articles of Amendment
to
Articles of Incorporation
of

FILED

The LEXINGTON MANOR ADULT FAMILY HOME, INC.

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

014060025304

(Document Number of Corporation (if known))

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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**)

1337 PINETTA CIR
WELLINGTON FL
33414

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

4017 BAHIA ISLE CIR
WELLINGTON FL 33449

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 JONAS AUGUSTE
4017 BAHIA ISLE CIR
(Florida street address)

New Registered Office Address: WELLINGTON, Florida 33449
(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]
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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>BERNARDINE AUGUSTE</u>	<u>4017 BAHIA 156 CIR</u> <u>WELLINGTON FL</u> <u>33414</u>
2) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CEO</u>	<u>BERNARDINE AUGUSTE</u>	<u>SAME AS ABOVE</u>
3) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CFO</u>	<u>SONAS AUGUSTE</u>	<u>4017 BAHIA 156 CIR</u> <u>WELLINGTON FL</u> <u>33449</u>
4) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TS</u>	<u>SONAS AUGUSTE</u>	<u>4017 BAHIA 156 CIR</u> <u>WELLINGTON FL</u> <u>33449</u>
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)

N/A

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)

750 SHARES	JONAS AUGUSTE (50%)
750 SHARES	JONAS AUGUSTE (50%)

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

Effective date if applicable: DEC. 24, 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 _____

Signature

Bayuste

(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)

(Typed or printed name of person signing)

President

(Title of person signing)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The LEXINGTON MANOR ADULT FAMILY HOME CARE INC
DOCUMENT NUMBER: 14000025304

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

Please return all correspondence concerning this matter to the following:

JONAS AUGUSTE

Name of Contact Person

The LEXINGTON MANOR ADULT FAMILY HOME CARE INC

Firm/ Company

4017 BAHIA ISLE CIR

Address

WELLINGTON FL 33449

City/ State and Zip Code

jauguste@comcast.net

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

For further information concerning this matter, please call:

JONAS AUGUSTE

Name of Contact Person

at (617) 547-9960

Area Code & Daytime Telephone Number

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

- | | | | |
|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input 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

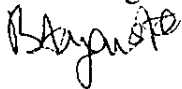
Bernadine Auguste
4017 Bahia Isle Cir
Wellington Fl 33449

Dec 24, 2014

To whom it may concern,
This letter is to acknowledge the change made to the company. I duly
authorize the change made. If you have any questions please contact
Jonas Auguste @ 617-549-9960.

Best regards,

Bernadine Auguste

A handwritten signature in black ink, appearing to read "Bernadine Auguste", written over the printed name.