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T CANNON

LAW OFFICES OF

**DUKES, DUKES, KEATING & FANCA, P.A.**

2909 13<sup>th</sup> Street, Sixth Floor

Gulfport, Mississippi 39501

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WILLIAM F. DUKES

(1927 - 2003)

PHILLIP W. JARRELL

(1959 - 2014)

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June 24, 2015

Walter W. Dukes  
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Bobby R. Long  
Je'Nell B. Blum \*  
Haley N. Broom  
Walter J. Eades  
Shannon Ladner Ozerden  
Drury S. Holland \*\*  
Andrew J. Fremming  
Bradley E. Dean \*\*

\*also licensed in CA  
\*\*also licensed in AL

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

Regarding: New Horizons I of Florida, Inc.  
Document No.: P14000071167  
Articles of Amendment to Articles of Incorporation  
Our File No.: 2198.0006

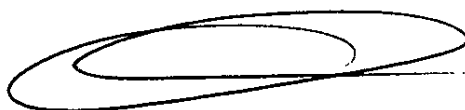
Dear Sir/Madam:

Enclosed herewith please find Cover Letter, Articles of Amendment to Articles of Incorporation for New Horizons I of Florida, Inc. and this firm's check in the amount of \$43.75 for filing fee and Certified Copy (additional copy is enclosed) as referenced above.

Your assistance in this regard is greatly appreciated. If you should have any questions please do not hesitate to contact this office.

Sincerely,

**DUKES, DUKES, KEATING & FANCA, P.A.**



Bobby R. Long

BRL/sas

Enclosures

cc: J.C. Green, President/Director

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** New Horizons I of Florida, Inc.

**DOCUMENT NUMBER:** P14000071167

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

Please return all correspondence concerning this matter to the following:

Bobby R. Long, Esquire

Name of Contact Person

Dukes, Dukes, Keating & Faneca, P.A.

Firm/ Company

PO Drawer W

Address

Gulfport, MS 39502

City/ State and Zip Code

brlong@ddkf.com

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

For further information concerning this matter, please call:

Bobby R. Long, Esquire

Name of Contact Person

at ( 228 ) 868-1111

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

Articles of Amendment  
to  
Articles of Incorporation  
of

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TALLAHASSEE, FLORIDA

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New Horizons I of Florida, Inc.

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

P14000071167

(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:**

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**)

N/A

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

N/A

**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 N/A

(Florida street address)

New Registered Office Address: N/A, Florida (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.*

N/A

*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 type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<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	_____	_____	_____

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**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)

Amendment to provide separate classes of stock as follows

Common - 950 shares

Preferred - 50 shares

The preferences, limitations and relative rights of the preferred stock shall be that set forth in an agreement between the corporation and shareholders.

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The date of each amendment(s) adoption: August 28, 2014, if other than the date this document was signed.

Effective date if applicable: Open filing  
(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 6-24-15

Signature

J.C. Green  
(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)

J.C. Green

(Typed or printed name of person signing)

Director/President

(Title of person signing)

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