P16000014419

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SECRETARY OF STATE OF STATE OF STATE OF CORPORATION

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MAR 3 2016 C LEWIS

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Familes First of Monday Inc. DOCUMENT NUMBER: P16000014419
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John W. Brown
Simple Living families First of Mondeedon 15915 2945 ST.E.
Parrish FL 34219 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person 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:
S35 Filing Fee Certificate of Status Certificate Of Status

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 SEC	FILED RETARY OF STATE
Articles of Incorporation	N OF CORPORATION
tamiles tirsi of Monatee Inc.	IR-1 AM 9: 24
(Name of Corporation as currently filed with the Florida Dept. of State)	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following ts Articles of Incorporation:	g amendment(s) to
4. If amending name, enter the new name of the corporation: Families First of Manatee Inc.	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ai "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A."	hhreviation
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 15915 2 74 87. E. (Florida street address)	· -
Naw Registered Office Address: PARRISH (City), Florida 34	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	_

02/17/2016 12:19 8502456012

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:

(Attacit 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	<u>PT</u>	John Doc	
X Remove	У	Mike Jones	
X Ačd	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	· <u>V</u>	Kimberly J. Brown	15915 29th SI E
Add Remove			Tarrish, PC 3 Id.
2) Change			
Add			
Remove			
3)Change			
Add			
Romove			
4) Change			
Add			
Remove			·.
5) Change			
Add			
Remove			
6) Change	******		
Add	•		
_ Remove			

E. If simending or a (Attach additional	dding additional Arth sheets, if necessary).	cles, enter change (Be specific)	e(s) he <u>re</u> :			
						
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provisions for i	t provides for an exch mplementing the amer cable, indicate N/A)	ange, reclassifica adment if not con	tion, or cancellat tained in the ame	ion of Issued sha indment itself:	ręs <u>.</u>	
1						,
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The date of each executive with a departure.	FILED .
The date of each amendment(s) adoption: date this document was signed.	SECRIFICATION OF CORPORATIONS
Effective date if applicable: (no more than 90 days after amendment file date)	16 MAR -1 AM 9: 24
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amend by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following 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 sha action was not required.	reholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareho action was not required.	lder
Dated 2 - 23 - 30	
Signature Son Down	•
Signature (By a director, president or other officer - if directors or officers have no	t been
selected, by an incorporator - if in the hands of a receiver, trustee, or oth	
appointed fiduciary by that fiduciary)	
JOHN W. BROWN	
(Typed or printed name of person signing)	
CEO	<u>.</u>
(Title of person signing)	