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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO		AT CORNERWAYS, INC.			
DOCUMENT NUM	P16000029580 BER:	EI	N#	81 20	67594
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	DR. CAROL DINGMAN-LI	PARI			
	THE WILLOWS AT CORNI	Name of Contact Person ERWAYS, INC.	1		
	3857 PERCIVAL ROAD	Firm/ Company			· · · ·
	ORLANDO, FLORIDA 328	Address 26			.
		City/ State and Zip Code			
lipari	carol@yahoo.com				
	E-mail address: (to be us	sed for future annual report	notificatio	n)	
For further informatio	n concerning this matter, pleas	se call:			
DR. CAROL DINGM	IAN-LIPARI	978 at (851-74	195	
Name	of Contact Person	Area Coo	de & Dayt	ime Telephon	e Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment of	State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif (Addi	0 Filing Fee icate of Status ied Copy tional Copy closed)	
Amo Divi P.O	endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amendi Division Clifton 2661 E:	Address ment Sect n of Corpo Building xecutive C ssee, FL 3	orations Center Circle	

Articles of Amendment to Articles of Incorporation of

THE WILLOWS AT CORNERWAYS, I	•	of ·	₹s	
THE WILLOWS AT CORNERWAYS, I	100			
	NC			9
(Name	of Corporation as curren	tly filed with the Florida Dept. of State)	<u> </u>	竹
P16000029580			S	<u>-</u>
		* .	<u> </u>	9
	(Document Number	of Corporation (if known)		¥
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following	owing niwo	
A. If amending name, enter the new na	eme of the corrections		, -	
N/A	ane or the corporation:			
			The	new
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or tion," or the abbreviation	ion," "company," or "incorporated" or the "Co". A professional corporation name in "P.A." THE WILLOWS AT CORNERWAYS,	nust conta	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		85 CENTER STREET	·	
		GENESEO, NEW YORK 14454		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A		
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX) d/or registered office ad	dress in Florida, enter the name of the		
(Mailing address MAY BE A POST of the Mailing address add	OFFICE BOX) d/or registered office ad	dress in Florida, enter the name of the		
(Mailing address <u>MAY BE A POST of</u> D. <u>If amending the registered agent an</u>	OFFICE BOX) d/or registered office advenues addre	dress in Florida, enter the name of the		
(Mailing address MAY BE A POST of the Mailing address add	OFFICE BOX) d/or registered office advection of the second secon	dress in Florida, enter the name of the		
O. If amending the registered agent an new registered agent and/or the new	d/or registered office addre w registered office addre N/A (Florida s	dress in Florida, enter the name of the		
O. If amending the registered agent an new registered agent and/or the new	OFFICE BOX) d/or registered office advection of the second secon	dress in Florida, enter the name of the		

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:	DT	John Doo	•
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) N/A	<u>Title</u>	Name	<u>Addres</u> s
N/A Change N/A Add N/A			
Remove			
N/A 2) Change N/A			
N/A Remove			
N/A 3) Change			
N/A Add			
Remove			
4) Change			
N/A Add N/A			
Remove			
5) Change N/A			
Add N/Ai Remove			
6) Change Add			
N/A Remove			

E. If amending or adding additional Art	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(ве spесілс)
N/A	
·	
. If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	

SEPTEMBER 7, 2016 The date of each amendment(s) adoption: if other than the date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. SEPTEMBER 7, 2016 Dated Signature (By/a director, president or other officer - if directors of officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) DR. CAROL DINGMAN-LIPARI (Typed or printed name of person signing) PRESIDENT (Title of person signing)