P170000 42622

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Misty	Meadows Assisted Living I	, ጎ C
	42622	
The enclosed Articles of Amendment and fee are su	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	20 F
	Name of Contact Person padows Assisted Living Inc	7
16851 NE H	Firm/ Company WY 27 A1t. Address	
	City/ State and Zip Code	
E-mail address. (to be u	used for future annual report notification	
Latonya Gyeenlee Name of Contact Person	at (<u>352</u>) <u>682-7383</u> Area Code & Daytime Telephone Number	_
Enclosed is a check for the following amount made	e payable to the Florida Department of State:	
\$35 Filing Fee \$\text{Certificate of Status}\$	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

	of			0, 1
Mistry Meadows A	ssisted	Living	Inc_	70
(Name of Corporatio	n as currently file	d with the Florid:	a Dept, of State)	(3)
P17000042622				3
(Docume	ent Number of Cor	poration (if known)	•
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florid	da Profit Corpora	tion adopts the fol	lowing amendmen
A. If amending name, enter the new name of the con	rporation:			
				The new
name must be distinguishable and contain the word "con "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A pro	any," or "incorpor fessional corpora	ated" or the abbration name must o	eviation "Corp.," contain the word
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADD</u>	<u>KESS</u>)			
	_			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>Y</u>)			
			_	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address i office address:	n Florida, enter t	he name of the	
Name of New Registered Agent				
	(Florida street aa	(dress)		
New Registered Office Address:			, Florida	
	(City))		(Zip Code)
New Registered Agent's Signature, if changing Regi	istered Agent:			
I hereby accept the appointment as registered agent.	l am familiar with c	and accept the obli	gations of the pos	ition.
Siene	tture of New Registe	ered Agent if char		
ngna	mar of the negative	erea regern, y enan	en e	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	SD	Kristen Smith	
Add			
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
•	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(9 1977	
4	
 	

	each amendment(s) ac cument was signed.	option: 4 19 202	20	, if other than the
Effective da	nte <u>if applicable</u> :	(no more than 90 day	es after amendment file date)	
Note: If the document's	e date inserted in this b effective date on the De	ock does not meet the applicable partment of State's records.	statutory filing requirements, this	date will not be listed as the
Adoption o	f Amendment(s)	(<u>CHECK ONE</u>)		
	ndment(s) was/were ado as not required.	oted by the incorporators, or board	l of directors without shareholder ac	ction and shareholder
	ndment(s) was/were ade harcholders was/were su		mber of votes east for the amendmer	nı(s)
☐ The ame must be	ndment(s) was/were app separately provided for	oved by the shareholders through each voting group entitled to vote.	voting groups. The following state separately on the amendment(s):	ment
I.]	he number of votes cast	or the amendment(s) was/were su	fficient for approval	
by		(voting group)	<u> </u>	
	Signature (By a diselected	ector, president or other officer — , by an incorporator — if in the han	if directors or officers have not been and of a receiver, trustee, or other co	n ourt
	арроіп	ed fiduciary by that fiduciary)	Secondon	
		(Typed or printed name	e of person signing)	
		President, (Title of person signing	Director	