# *PITOSS* **75076**

(Re	equestor's Name)	
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# COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	Tradewinds Recov	ery & Treatment Center, Inc	
DOCUMENT NUM	P17000075076		<u> </u>
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Liza Dunn		
		Name of Contact Person	
	Tradewinds Group		
	3250 South Ocean Blvd. ste.	Firm/ Company 106N	
	Palm Beach, Florida 33480	Address	
		City/ State and Zip Code	
beac	hhousenorth@mac.com	engy state and shy code	
	E mail addrawy (to bo u	sed for future annual report	antitionst
	n-man address: (to be u	sed for future annual report	nouncation)
For further informati	on concerning this matter, plea	se call:	
Liza Dunn		561at (	301-5391
Name	of Contact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check f	or 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	tiling Address rendment Section		Address ment Section
	vision of Corporations		n of Corporations
	). Box 6327		Building
Та	llahassee, FL 32314	2661 E:	secutive Center Circle ssee, FL 32301

### Articles of Amendment to Articles of Incorporation of

Tradewinds Recovery & Treatment Center, Inc.

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

P17000075076

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(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
	ord "corporation." "company," or "incorporated" or the abbreviation p." "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET AD</u>	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE B(</u>	( <u>)X</u> )
new registered agent and/or the new registered Liza Dunn <u>Name of New Registered Agent</u>	

	(Florida street address)	
New Registered Office Address:	Palm Beach	33480 , Florida
	(City)	(Zip Code)
<u>New Registered Agent's Signature, if c</u> I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar with and accept the obligation Signature of New Registered Agent, if changing	The position INV -1 P + 10 SSEE F SEE F SEE F

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# 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 <u>PT</u> John Doe X Remove <u>V</u> Mike Jones <u>X</u> Add  $\underline{SV}$ Sally Smith Type of Action <u>Title</u> <u>Name</u> Address (Check One) P/D Norma S. Dunn 2000 North Florida Mango Rd. 1) \_\_\_\_ Change West Palm Beach FL 33409 \_\_\_\_ Add X Remove 2) <u>X</u> Change Р Liza J. Dunn 2000 North Florida Mango Rd. Ste-West Palm Beach FL 33409 \_\_\_\_ Add \_\_\_\_ Remove 3) \_\_\_\_ Change \_\_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_\_ Remove

4	sheets, if necessary).	. (Be specific)			
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If an amendment	provides for an exc	hange, reclassificat	tion, or cancellation (	of issued shares,	
provisions for im	plementing the am	endment if not con	tained in the amendr	nent itself:	
tif not applice	nne, maicale (071)				
(if not applied					
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date this document was signed.	option:	, if other than
Effective date <u>if applicable</u> :		
Enective date <u>in applicante</u> .	(no more than 90 days after amendment file date)	·
<b>Note:</b> If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statemen pach voting group entitled to vote separately on the amendment(s):	1
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	oted by the board of directors without shareholder action and shareholder oted by the incorporators without shareholder action and shareholder	
•		
November 2 Dated		
Signature		
(By a di selected	rector, president or other officer – if Orectors or officers have not been , by an incorporator <u>if in the hands of a receiver</u> , trustee, or other court ed fiduciary by that fiduciary)	<u> </u>
I	.iza J. Dunn	
-	(Typed or printed name of person signing)	<u></u> _
I	President/ Dir	
-	(Title of person signing)	

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