P18000012430

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: Foundational He | ealth Assisted Living Fac | sility, Inc. |
|-------------------------|--|--|--|
| DOCUMENT NUM | BER: P18000012430 | | |
| The enclosed Articles | of Amendment and fee are s | ubmitted for filing. | |
| Please return all corre | spondence concerning this ma | atter to the following: | |
| | Cari Gonzalez Limberg | | |
| | | Name of Contact Perso | าก |
| | | Firm/ Company | di- |
| | 10591 Bay Pines Blvd | | |
| | | Address | |
| | St. Petersburg, FL 33708 | | |
| | | City/ State and Zip Coo | de |
| Cari | @foundationalmgt.com | | |
| | E-mail address: (to be u | sed for future annual repor | t notification) |
| For further informatio | n concerning this matter, plea | se call: | |
| Cari Gonzalez Limberg | | at (<u>813</u> | 477-3886 |
| Name | of Contact Person | Area Co | ode & Daytime Telephone Number |
| Enclosed is a check fo | r the following amount made | payable to the Florida Dep | artment 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) |
| Amo Divi P.O. | ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314 | Ameno Divisio Cliftor | Address dment Section on of Corporations n Building Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Foundational Health Assisted Living Facility, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P18000012430 (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: 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 <u>MUST BE A STREET ADDRESS</u>) 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: David Anthony Gonzalez Name of New Registered Agent 10591 Bay Pines Blvd (Florida street address) St. Petersburg New Registered Office Address: (City) 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 CLNew 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.

| X Change | <u>1</u> <u>T9</u> | ohn Doc | | | |
|----------------------------|--------------------|--------------------------|--------------------------------|--|--|
| \underline{X} Remove | <u>v</u> <u>N</u> | Mike Jones | | | |
| X Add | <u>sv</u> <u>s</u> | Sally Smith | | | |
| Type of Action (Check One) | Title | <u>Name</u> | Address | | |
| 1) Change | P | Demi Limberg | 3040 W. Cypress St., Suite 102 | | |
| Add | | | Tampa. FL 33609 | | |
| X Remove | | | | | |
| 2) Change | VP | Demi Limberg | 3040 W. Cypress St., Suite 102 | | |
| Add | | | Tampa, FL 33609 | | |
| X Remove | | | | | |
| 3) Change | SEC | Demi Limberg | 3040 W. Cypress St., Suite 102 | | |
| Add | | | Tampa, FL 33609 | | |
| X Remove | | | | | |
| 4) Change | TREA | Demi Limberg | 3040 W. Cypress St., Suite 102 | | |
| Add | | | Tampa, FL 33609 | | |
| X Remove | | | | | |
| 5) Change | P | Caridad Gonzalez-Limberg | 3040 W. Cypress St., Suite 102 | | |
| Add | | | Tampa, FL 33609 | | |
| X Remove | | | | | |
| 6) Change | PD | David Anthony Gonzalez | 10591 Bay Pines Blvd | | |
| X Add | | | St. Petersburg, FL 33708 | | |
| Persone | | | | | |

| | (Be specific) | | |
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| <u>provisions for implementing the amen</u> | inge, reclassification, or ode dment if not contained in | ancellation of issued sha the amendment itself: | res. |
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| The date of each amendment(s) a | 7/19/2018 | |
|--|---|-----------------|
| date this document was signed. | . if c | other than the |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bedocument's effective date on the Do | plock does not meet the applicable statutory filing requirements, this date will not be partment of State's records. | : listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ■ The amendment(s) was/were add by the shareholders was/were su | opted by the shareholders. The number of votes east for the amendment(s) fficient for approval. | |
| ☐ The amendment(s) was/were app must be separately provided for | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): | |
| | for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| ☐ The amendment(s) was/were add action was not required. | opted by the board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/were add action was not required. | pted by the incorporators without shareholder action and shareholder | |
| 7/19/2018 | | |
| DatedSignature | ! In zn C. lin | |
| selected | frector, plesident or other officer – if directors or officers have not been 1, by an incorporator – if in the names of a receiver, trustee, or other court ed fiduciary by that fiduciary) | |
| | Caridad Gonzalez-Limberg | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |