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COVER LETTER

NAME OF CORPORATION: EDENBRIDGE ASSISTED LIVING INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & \$35 Filing Fee ☐\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

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

LUENBKIDGE ASSISTED LIV	ING INC.
(Name of Corporation as currently filed with the Florida Dept. o	<u>f State</u>)
P1900000669	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adop its Articles of Incorporation:	ts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
EDENBRIDGE HOMES INC.	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name "chartered," "professional association," or the abbreviation "P.A."	the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: 6/4 SE 1012	ST.
(Principal office address MUST BE A STREET ADDRESS)	
tl 229	90
F1:	10
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 2079/766	o Del Lago St
ESTERO 7	
ESTERO I	1 33728
D. If amending the registered agent and/or registered office address in Florida, enter the name onew registered agent and/or the new registered office address:	<u>of the</u>
Name of New Registered Agent	
NP	
(Florida street address)	
New Registered Office Address:	lorida
(City)	(Zip 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:
	•
$ \mathcal{N}/\mathcal{A}$	· · · · · · · · · · · · · · · · · · ·
Signature of New Registered Agent, if changing	
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 Doc 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>PT</u>	John Do	<u>oe</u>					
X Remove	V	Mike Jones						
X Add	<u>sv</u>	Sally Si	Sally Smith					
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s				
1) Change		_						
Add								
Remove								
2) Change		_						
Add								
Remove 3) Change								
Add								
Remove								
4) Change		_						
Add								
Remove								
5) Change		_						
Add		_						
Remove								
6) Change								
Add		_		·				
Pomovo								

	cessary). (Be specific)	
	——————————————————————————————————————	
an amendment provides fo	or an exchange, reclassification, or cancellation of issued shares,	
rovisions for implementing (if not applicable, indica-	g the amendment if not contained in the amendment itself:	
		
	1/ / // /	

The date of each amendment(s) adoption: 7/22/2020, if other than the date this document was signed.	
Effective date <u>if applicable:</u> (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 incorporators, or board of directors without shareholder action and shareholder action was not required.	
☐ 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)	
Signature Marie Schemer Meleder (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MANUE JAUNA MESIOOR (Typed or printed name of person signing) PSI Prosident (Title of person signing)	