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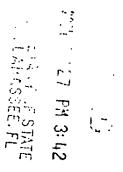
| (Re | equestor's Name) | - |
|-------------------------|---------------------|-------------|
| (Ac | ddress) | |
| (Ad | ddress) | · |
| (Ci | ity/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bc | usiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer; | |
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Office Use Only



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06/27/21

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | ORATION: Suncoast Supported | d Living Solutions, INC | | |
|------------------------|--|---|---|---------------------------------|
| DOCUMENT NUM | 93 <i>ЛЛ</i> 6Л9999 | | | |
| The enclosed Article | es of Amendment and fee are su | bmitted for filing. | | |
| Please return all corr | espondence concerning this ma | tter to the following: | | |
| | Deborah Paukstys | | | |
| | | Name of Contact Pers | on | |
| | Suncoast Supported Living S | olutions, Inc | | |
| | | Firm/ Company | | |
| | 1824 Shore Drive South. #22 | 4 | | |
| | | Address | | |
| | South Pasadena, FL 33707 | | | <u>-</u> |
| | | City/ State and Zip Co | de | ني سَدِّعِيْنِ |
| | dpauk020507@gmail.com | | | 100 E |
| | E-mail address: (to be us | sed for future annual repo | rt notification) | عد اخترات درس |
| For further informati | ion concerning this matter, pleas | | | PM 3: 43 UF STATE SEE, FL |
| Deborah Paukstys | | at (|) 557-4707 | |
| Name | e of Contact Person | Area Code & Daytime Telephone Number | | e Number |
| Enclosed is a check | for the following amount made | payable to the Florida De | partment of State: | |
| S35 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) | |
| Ai Di P. | ailing Address mendment Section vision of Corporations O. Box 6327 dlahassee, FL 32314 | Amer Divis The 2415 | t Address idinent Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suit hassee, FL 32303 | e 810 |

Articles of Amendment Articles of Incorporation of

| Suncoast Supported Living Solutions, In- | c | | | |
|--|-----------------------------|-------------------------|--|---------------------------------|
| (Name) | of Corporation as curren | itly filed with the Flo | orida Dept. of State) | |
| 83-4464888 | | | | |
| | (Document Number | of Corporation (if kn | own) | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | 1006, Florida Statutes, thi | s Florida Profit Corp | poration adopts the follow | ving amendment(s) |
| A. If amending name, enter the new n | ame of the corporation: | | | |
| N/A | | | | The new |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association," | Corp," "Inc," or "Co". | A professional corp | rporated" or the abbrevia poration name must con- | ntion "Corp.," tain the word |
| B. Enter new principal office address, | if annioghlar | N/A | | |
| (Principal office address MUST BE A S | | <u>.</u> | - | |
| | | | 1 | |
| | | <u> </u> | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | N/A | | 53 24 |
| | | | <u>ක</u> ව හිදිර | PH |
| | | | | _⇔ |
| | | | | —చ్— |
| D. If amending the registered agent ar | ıd/or registered office ad | dress in Florida, ent | er the name of the | |
| new registered agent and/or the ne | | | | |
| Name of New Registered Agent | N/A | | | |
| | | | | |
| | (Florida s | street address) | <u>-</u> | |
| 1.00 | N/A | | , Florida | |
| New Registered Office Address: | | (City) | | ip Code) |
| | | | | |
| | | | | |
| New Registered Agent's Signature, if c | hanging Registered Age | nt: | the description of the second | |
| I hereby accept the appointment as regis | tered agent. I am familiai | r with and accept the | obugations of the position | п. |
| | | | | |
| | | | | |
| | Signature of New | Registered Agent, if a | changing | |
| Check if applicable | | | | |
| outen it abbutants | | | | |

☐ 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 | <u>PT</u> | John Doe | |
|----------------------------|--------------|------------------|------------------------------|
| X Remove | <u>V</u> | Mike Jones | |
| _X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | PD | Nicholas Devin | 1824 Shore Drive South #224, |
| X Add | | | South Pasadena, FL 33707 |
| Remove | | | |
| 2) Change | S | Linda Steffens | 1824 Shore Drive South, #105 |
| X Add | _ | - | South Pasadena, FL 33707 |
| Remove 3) Change | CFOT | Stephanie Aikin | 1824 Shore Drive South, #110 |
| x Add | <u> </u> | | South Pasadena :FL 33707 |
| Remove X Change | VD | Deborah Paukstys | 1824 Shore Drive South #224 |
| Add | | | South Pasadena. デュスクを |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (Attach additional sheets, if necessary). (Be specific) se Attached Meeting Minutes | | |
|---|-----------------|---------------|
| e Attached Weeting Williams | <u>-</u> | |
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| | E CO | 3: 43 |
| If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: | L H | ယ် |
| (if not applicable, indicate N/A) | | |
| | | |
| /A | | |
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| . • | June 16, 2024 | |
|--|---|-------------------------|
| The date of each amendment(s) a | doption: | , if other than th |
| date this document was signed. | e 16, 2024 | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bedocument's effective date on the De | block does not meet the applicable statutory filing requirements, this date with epartment of State's records. | ill not be listed as th |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were add action was not required. | opted by the incorporators, or board of directors without shareholder action an | d shareholder |
| ☐ The amendment(s) was/were add by the shareholders was/were so | opted by the shareholders. The number of votes cast for the amendment(s) ufficient 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): | |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | |
| by incorporators, board or | f directors | |
| | (voting group) | 55 55 |
| | • • • • • • • • • • • • • • • • • • • | |
| June 16, 20 |)24 | - |
| Dated | | 23 |
| Signature <u>M</u> | hdm Divi | P : |
| (By a d | irector, president or other officer – if directors or officers have not been od, by an incorporator – if in the hands of a receiver, trustee, or other country ted fiduciary by that fiduciary) | 3: 1 3 |
| | Nicholas Devin | |
| | (Typed or printed name of person signing) | _ |
| | President | |
| | (Title of person signing) | |