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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

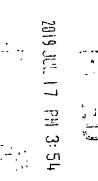
Office Use Only



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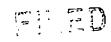
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: The Sanctuary At	Rosemary, Inc.	
DOCUMENT NUME			
	of Amendment and fee are s	ubmitted for filling.	
Please return all corres	pondence concerning this ma	atter to the following:	
	Katherine Grogan-Johnson		
		Name of Contact Perso	n
	The Sanctuary At Rosemary	, Inc.	
		Firm/ Company	
	3110 Hatton Street		
•		Address	
	Sarasota, FL 34237		
		City/ State and Zip Cod	le
Info@)TheSanctuaryAtRosemary.c	om	
	•	sed for future annual report	notification)
		•	,
For further information	concerning this matter, plea	se call:	
Katherine Grogan-Joh	nson	941 at (306-7072
Name o	f Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	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)
Amer Divis	ing Address adment Section tion of Corporations Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



The Sanctuary At Rosemary, Inc.

2019 JUL 17 PM 3: 54

The Sanctuary At Rosemary, Inc.	
	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this is Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corporation:	***
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	800 Central Avenue
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Sarasota, Fl. 34236
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3110 Hatton Street
	Sarasota, FL 34237
. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	fress in Florida, enter the name of the
Name of New Registered Agent N/A	_
	reet address)
	treet address)

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	PT	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	Address
1) Change	P	Melody D Ireland	222 S Osprey Avenue, #106
Add			Sarasota, FL 34236
X Remove			
2) X Change	PT	Katherine C Grogan-Johnson	3110 Hatton Street
Add		·	Sarasota, FL 34237
Remove			
3) X Change	VS	Mary M Blase	3313 McIntosh Road
Add			Sarasota, FL 34232
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional sheets, if no	tional Articles, enter ch ecessary). (Be specific)	ange(s) here:		
N/A				
				
				<u> </u>
		<u> </u>		
		<u> </u>		·
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	<u> </u>			
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				<u> </u>
				
				
F. If an amendment provides for)r an exchange, reclassi	fication, or cancellation (of isened charac	
provisions for implementing (if not applicable, indica	g the amendment if not	contained in the amendn	nent itself:	
Melody D Ireland, Cancel Shares				
Mary M Blase, 5,000 Shares	-			<u> </u>
				· - ··
Katherine C Grogan-Johnson, 5.0	100 Shares			
				

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this l document's effective date on the De	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s)	s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholde	ःर
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
07/13/2019		
DatedSignature	C George Both	
(By a d	rector, president or other officer - if directors or officers have not been	
selecte appoint	d, by an incorporator — if in the hands of a receiver, trustee, or other coursed fiduciary by that fiduciary)	l .
	Katherine C Grogan-Johnson	
	(Typed or printed name of person signing)	
	President, Treasurer	
	(Title of person signing)	