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A. Butter

TO: Amendment Section

# NAME OF CORPORATION: \_\_\_\_\_\_ TRINITY SENIOR SERVICES, INC.

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

R. H. GREEN

Name of Contact Person

Firm/ Company

5302 MONROE SMITH ROAD

Address

JACKSONVILLE, FL 32210

City/ State and Zip Code

RHGREEN@TRINITYSENIORSERVICES.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

R. H. GREEN	904	654-5407
	at (	_)
Name of Contact Person	Area Coo	de & Davtime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

S43.75 Filing Fee & Certificate of Status

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Mailing Address

<u>Street Address</u> Amendment Section Division of Corporations The Centre of Tałłahassee 2415 N. Monroe Street, Suite 810 Tałłahassee, FL 32303 Articles of Amendment to Articles of Incorporation

	of	
TRINITY SENIOR SERV	VICES, INC.	2021 AUG 27 PM 3: 54
	(Name of Corporation as currently filed with the Florida De	
P21000075349		SECLERING OF STATE
	(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) 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.," "lnc.," or Co.," or the designation "Corp," "lnc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)

C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)

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:

Name of New Registered Agent

(Florida street address)

<u>New Registered Office Address:</u>

(City)

(Zip Code)

. Florida\_

**J**... ]

The new

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 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, a 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 = ChExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office hePresident, 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	c, ana 5a	uy smin, sv as an Ada.			
<u>N</u> Change	<u>PT</u>	John Doe			
<u>X</u> Remove	$\underline{\mathbf{V}}$	<u>Mike Jones</u>			
<u>X</u> Add	<u>SV</u>	Sally Smith			
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s		
1) Change	D	GINGER SPIRES	86434 MOONLIT WALK CIRCLE		
Add			YULEE, FL 32097		
X Remove			<b></b>		
2) Change					
Add					
Remove					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change	<u> </u>				
Add					
Remove					

<u>If amending or adding additional Ar</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)			
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If an amendment provides for an ex- provisions for implementing the an	change, reclassificat	ion, or cancellatio	on of issued shares, adment itself:	
(if not applicable, indicate N/A)	<u>Kaument in not com</u>		<u>annen ascin</u>	
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	8/23/21
The date of each amendment(s) adoption:	
date this document was signed.	

8/23/21

, if other than t

Effective date <u>if applicable</u>:

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(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 1 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) 8/23/21 Dated Green (By a director, president or other officer – if directors or officers have not been Signature selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) R. H. GREEN (Typed or printed name of person signing) DIRECTOR (Title of person signing)