600062147

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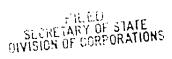
Clewis 12-2-14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BEACHLA	ND RETIREME	NT HOME, INC.
	_{ER:} P9600006214		
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
(Gregory Mulherin	1	
-		Name of Contact Person	1
-		Firm/ Company	
<u> </u>	452 Hernando St	reet	
!	Fort Pierce, FL 3	Address 4949	
-		City/ State and Zip Cod	e
give	ebig2livebig@gma E-mail address: (to be us	ail.com sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Gregory Mulh	erin	_{at (} 772	979-1300
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	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 P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation of



BEACHLAND RETIREMENT HOME, INC.

14 NOV 20 PH 2: 16

(Name of Corporation as currently filed with the Florida Dept. of State) P96000062147

ndment(s) to

(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amo	
A. If amending name, enter the new name of the corporation:		
	The	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must conta	
B. Enter new principal office address, if applicable:	462 Hernando Street	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Fort Pierce, FL 34949	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	462 Hernando Street	
	Fort Pierce, FL 34949	
D. If amending the registered agent and/or registered office ad		
new registered agent and/or the new registered office addre		
Name of New Registered Agent Gregory Mulhe		
462 Hernando	Street	
/PI · I	street address)	
•		
New Registered Office Address: Fort Pierce	, Florida 34949	

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>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Roman Grochowski	462 Hernando Street
Add			Fort Pierce, FL 34949
Remove			
2) Change	PD	Gregory Mulherin	462 Hernando Street
✓ Add			Fort Pierce, FL 34949
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

(Atta	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)
l/A	
Ifa	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
pr	ovisions for implementing the amendment if not contained in the amendment itself:
1/4	(if not applicable, indicate N/A)
I/A	

The date of each amendment(s) adoption: N/A	SERVERARY OF, if pether than the
date this document was signed.	DIVISION OF CORPORATIONS
Effective date if applicable: 11/19/2014	14 NOV 20 PM 2: 16
(no more than 90 days after amendment fi	le date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The famust be separately provided for each voting group entitled to vote separately on the ame	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	n and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	d shareholder
Dated 11/19/2014 Signature	
(By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	
Gregory Mulherin	
(Typed or printed name of person sign	ning)
President	

(Title of person signing)