

No2000008847

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SECRETARY OF STATE  
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16 APR 19 AM 10:41

APR 20 2016

C LEWIS



**Workshop for Adult Vocational Enrichment, Inc.**

William J. DeAngelis, Trustee  
2348 Foxboro Way  
Tallahassee, FL 32309-3014  
william.deangelis@comcast.net  
(850) 894-2526

April 18, 2016

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

RE: The Workshop for Adult Vocational Enrichment, Inc.  
Document No; NO2000008847  
EIN: 54-2094338

Dear Sir or Madam:

Enclosed please find two copies of the Articles of Amendment to be filed on behalf of The Workshop for Adult Vocational Enrichment, Inc., a Florida not for profit corporation.

Two amendments are submitted:

- (1) a name change for the Corporation; and,
- (2) changes in the composition of the Board of Trustees.

Please file the Amendment and return a certified copy to the above address. Enclosed is a check for \$43.75.

Thank you for your time and effort.

Sincerely,

William J. DeAngelis  
Trustee  
Workshop for Adult Vocational Enrichment

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** The Workshop For Adult Vocational Enrichment, Inc.

**DOCUMENT NUMBER:** NO2000008847

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

Please return all correspondence concerning this matter to the following:

William J. DeAngelis

(Name of Contact Person)

The Workshop for Adult Vocational Enrichment, Inc.

(Firm/ Company)

2348 Foxboro Way

(Address)

Tallahassee, FL 32309-3014

(City/ State and Zip Code)

william.deangelis@comcast.net

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

For further information concerning this matter, please call:

William J. DeAngelis

850

894-2526

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

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

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|--|--|

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 APR 19 AM 10:41

The Workshop For Adult Vocational Enrichment, Inc.

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

N02000008847

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

Widening Adult Vital Experiences, Inc.

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

N/A

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

**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: N/A

New Registered Office Address:

(Florida street address)

N/A

(City)

Florida

(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.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>TE</u>	<u>Sally Search</u>	<u>2898 Mahan Dr. Ste. 1</u> <u>Tallahassee, FL 32308</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TE</u>	<u>William DeAngelis</u>	<u>2348 Foxboro Way</u> <u>Tallahassee, FL 32309</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TE</u>	<u>Elizebeth E. Piephoff</u>	<u>2348 Foxboro Way</u> <u>Tallahassee, FL 32309</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TE</u>	<u>Sarah Gonzales</u>	<u>3310 Robinhood Road</u> <u>Tallahassee, FL 32312</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TE</u>	<u>Vivian Thompson</u>	<u>P.O. Box 322</u> <u>Monticello, FL 32345</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>          </u>	<u>          </u> <u>          </u>



The date of each amendment(s) adoption: \_\_\_\_\_  
date this document was signed.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
if other than the

Effective date if applicable: 05/01/2016  
(no more than 90 days after amendment file date) 16 APR 19 AM 10:41

**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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 4/16/16

Signature Cynthia R. Chapman  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Cynthia Chapman  
\_\_\_\_\_  
(Typed or printed name of person signing)

Chair, Board of Trustees  
\_\_\_\_\_  
(Title of person signing)