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(Requestor's Name)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 7, 2012

CLARE COLAMARINO MARY'S PLACE, INC. 600 E. ALTAMONTE DR., SUITE 1200 ALTAMONTE SPRINGS, FL 32701

SUBJECT: MARY'S PLACE, INC. Ref. Number: N07000008231

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

CORPORATIONS MAY FILE USING ONLY THE CORPORATE NAME. FICTITIOUS NAMES ARE A SEPARATE FILING OF THEIR OWN. WE DO SHOW RECORD OF D/B/A FILED WITH THIS OFFICE ON 8/22/2007 WHICH WILL EXPIRE ON 12/31/2012. YOU WILL NEED TO FILE A FICTITIOUS NAME RENEWAL TO RENEW THE FICTITIOUS NAME FOR ANOTHER FIVE YEARS. THE DEADLINE FOR FILING THE RENEWAL APPLICATION IS 12/31/2012. IF THE RENEWAL IS NOT FILED IN A TIMELY MANNER, THE FICTITIOUS NAME WILL EXPIRE.

PLEASE NOTE: YOU MAY FILE AN AMENDMENT CHANGING THE ARTICLES THAT NEED TO BE AMENDED, HOWEVER, WE CAN NOT FILE ANOTHER SET OF ARTICLES OF INCORPORATION TO REPLACE THE ARTICLES OF INCORPORATION ALREADY ON FILE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist II

Letter Number: 312A00016129

www.sunbiz.org

Division CO marking DO DOV 0007 Tallaharras Florida 9991

COVER LETTER

4. . . .

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Mary's Place, Inc. N07000008231 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Clare Colamarino (Name of Contact Person) Mary's Place, Inc. d/b/a Life Choices Women's Center (Firm/ Company) 600 E. Altamonte Drive Suite 1200 (Address) Altamonte Springs, FL 32701 (City/ State and Zip Code) lifechoices@cfl.rr.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Clare Colamarino (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State:

Malling Address

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

□ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee &

Certificate of Status

Street Address

Certified Copy

enclosed)

(Additional copy is

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

□\$52.50 Filing Fee

Certified Copy

Certificate of Status

(Additional Copy is Enclosed)

	Artick	es of Amendment to		SECR	12 JUN 25 PM 3: 48
,	Articles	of Incorporati on		ET	¥2
Mary's Place, Inc.		o,	-	SSE	N 25 P
(Name of Corporation as current	ly filed with the Flo	rida Dept. of State)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
N07000008231				LOE STA	. F
(Documer	nt Number of Corpora	ation (if known)		:pr	4 00
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorpora	1006, Florida Statute tion:	es, this <i>Florida Not Fo</i>	or Profit Corporation add	pts the f	following
A. If amending name, enter the new na	ime of the corporat	on:			
					The new
name must be distinguishable and contain "Company" or "Co." may not be used in	n the word "corporal the name.	lion" or "incorporated	d" or the abbreviation "C	Corp." o	r "Inc."
B. Enter new principal office address.	inter new principal office address, if applicable: 600 E. Altamonte Drive				
(Principal office address MUST BE A.S.		Suite 1200			
		Altamonte S	prings, FL 3270	01	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST (600 E. Altan	nonte Drive		
		Suite 1200			
		Altamonte S	prings, FL 327	01	
D. If amending the registered agent an new registered agent and/or the new			enter the name of the		
Name of New Registered Agent:	same				
	600 E. Altan	nonte Drive Si	uite 1200		
New Registered Office Address:		Florida street address)			
•	Altamonte S	prings	, Florida 32701		
	(City)		(Zip Code)		
New Registered Agent's Signature, if cl I hereby accept the appointment as registe			the obligations of the po	sition.	
Sign	nature of New Revisi	ered Agent, if changing			

Page 1 of 4

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)	Title	Name	<u>Addres</u> s
1) Change Add X Remove	P	Dana Dance	
2) Change Add Remove	P	Bill Adamson	631 Sailfish Road Winter Springs, FL 32708
Change Add X Remove	v	Clare Colamarino	
4) Change	v	Vic Prezioso	14766 Eagles Crossing Drive Orlando, FL 32837
5) Change Add X Remove	s	Mary Sobczak	
6) Change Add Remove	s	Mary Graham	2002 Varick Way Casselberry, FL 32707

Mary's Place, Inc. Document #N07000008231

Change of officers (c	continued)		
7X Remove		Norma Stives	
8XAdd	T	<u>David Taylor</u>	966 Wildflower Way
			Longwood, FL 32750

Document #N07000008231

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary) (Be specific)

Article III

The purpose for which this corporation is organized;

Mary's Place exists to provide women in crisis pregnancies with necessary support services to empower them to carry their babies to term. Such services shall include but not be limited to: pregnancy tests; limited ultrasounds; baby necessities; education on subjects such as abstinence, fetal development, abortion and parenting; referrals for legal help, medical care, temporary housing and shelter, adoption agencies, post abortion counseling as well as ongoing support and encouragement. Said corporation is organized exclusively for charitable purposes. All our services are provided at no cost to clients.

Article XI

Past, Present, and Planned Activities:

Past activities consist of doing all that was necessary to open our doors as a pregnancy resource center. This included: forming a steering committee, obtaining an EIN number for the IRS, incorporating as a not for profit and filing for a fictitious name with the state of Florida, opening a bank account, recruiting and training volunteers, adopting Bylaws, forming a Board of Directors, securing a facility in which to operate and remodeling said facility.

Our present activities include providing the above mentioned services as well as going out into the community educating youth on abstinence and prenatal development.

Our future activities include adding STD (Sexually Transmitted Diseases) testing.

. The date of each amendmen	t(s) adoption: May 8,2012
Effective date <u>if applicable</u> :	May 8, 2012
Disecuve date <u>is apprecipie</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.
There are no members or adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.
Dated	116/12
Signature7_	Wylama
have	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
Bill Ada	amson
•	(Typed or printed name of person signing)
Preside	ent
	(Title of person signing)

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