

**N090000002069**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700198932167

03/29/11--01002--002 \*\*35.00

**FILED**  
2011 MAR 29 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend*

*TBrown*

*3/31/11*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** The Perfect Place Phase- One Inc

**DOCUMENT NUMBER:** N09-000002069

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

Please return all correspondence concerning this matter to the following:

Rosa E Morey

(Name of Contact Person)

The Perfect Place Phase-one Inc

(Firm/ Company)

158 Tomoka Ave

(Address)

Ormond Beach FL 32174

(City/ State and Zip Code)

THEPERFECTPLACEPHASE1@aol.com

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

For further information concerning this matter, please call:

Rosa E. Morey

(Name of Contact Person)

at ( 678 ) 914-2815

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

**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

The Perfect Place-Phase One Inc.

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

N09000002069

(Document Number of Corporation (if known))

FILED  
2011 MAR 29 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

*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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_ (Florida street address)

\_\_\_\_\_, Florida  
(City) (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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>pres.</u>	<u>Rosa E. Morey</u>	<u>158 Tomoka Ave</u> <u>Ormond Beach Fl. 32174</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>V.P.</u>	<u>Samuel I Morey</u>	<u>158 Tomoka Ave</u> <u>Ormond Beach Fl. 32174</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

*(attach additional sheets, if necessary). (Be specific)*

Article III The Perfect Place-Phase One<sup>Inc.</sup> is being established on the need in the community of Ormond Bch FL. for a place within reach of the most needed citizens of this small city. Some of these needs include; 1.) Transitional housing for the homeless(especially veterans) up to ninety days. 2.) A place to come for immediate help and access to computers fax machines (free) in our house. 3.)Education: Education on how to look for work, put together a resume and complete applications.4.) Daily call log to check the aged shut-in and disable 5.)Informing elderly citizens and assisting if needed in resources that are available to them. 6.) A common area for social interaction within the community. 7.) I will try and help any person that come to 158 Tomoka ave Ormond Bch, FL. twenty fours hours three hundred sixty five days a year.

Article IX Article of Dissolution: Should The Perfect Place-Phase One<sup>Inc.</sup> become non functional- remaining assests will be donated to another local non profit organization such as this or as close type as possible. To be identified at the time of dissolution. Said company will be notified thrity day prior to final dissolution.

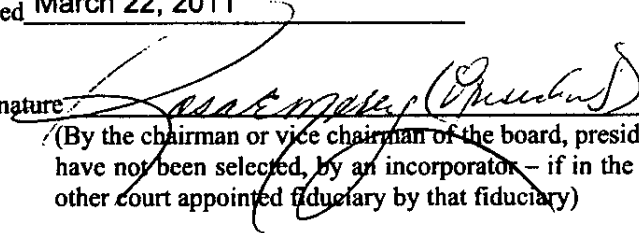
The date of each amendment(s) adoption: Feb. 7, 2011  
(date of adoption is required)

Effective date if applicable: Feb. 7, 2011  
(no more than 90 days after amendment file date)

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 March 22, 2011

Signature:   
(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)

Rosa E. Morey  
(Typed or printed name of person signing)

President  
(Title of person signing)