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A. RAMSEY FEB 0 2 2022

COVER LETTER

TO: Amendment Section Division of Corporations SECOND CHANCE SUPPORTIVE HOUSING INC NAME OF CORPORATION: _ N20000011858 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOSE ARIZA (Name of Contact Person) SECOND CHANCE SUPPORTIVE HOUSING INC (Firm/ Company) 748 S RIDGEWOOD (Address) DAYTONA BEACH FL 32114 (City/ State and Zip Code) JJARIZA7@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOSE ARIZA 214 463-4257 - (Name of Contact Person) (Daytime Telephone Number) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & **■\$**52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation

of

FILED

2022 JAN 13 PM 12 43

SECOND CHANCE SUPPORTIVE HOUSING INC

(Name of Corporation as currently filed with th	e Florida Dept. of State)	THE PROPERTY OF THE PARTY OF TH
N20000011858		
(Docur	nent Number of Corporation (f known)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of th VICTORY HOUSE SECOND CHANCE SUPPOR		
name must he distinguishable and contain the word "Company" or "Co." may not be used in the nam	d "corporation" or "incorpora e.	The new sted" or the abbreviation "Corp." or "Inc."
	748 S RIDGEWO	OD
B. Enter new principal office address, if applica		
(Principal office address MUST BE A STREET A	<u>IDDRESS</u>) DAYTONA BEAC	JH, FL 32114
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	N/A BOX)	
D. If amending the registered agent and/or regi	stered office address in Flori	da enter the name of the
new registered agent and/or the new register	red office address:	ad, enter the name of the
Name of New Registered Agent:	JOSE ARIZA	
	748 S RIDGEWOOD	
		(Florida street address)
New Registered Office Address:	DAYTONA BEACH	32114 , Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent:	
I hereby accept the appointment as registered agen	u. I am familiar with and ace	ppt the obligations of the position.
-	Signature of New Rec	istered Avent 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 <math>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: XChange X Remove X Add	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove		-	
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional sheet	g additional Arti	icles, enter change(s) here: (Be specific)	

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		·
The date of each amendment(s) adop date this document was signed.	tion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
		1
document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date wil tment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	

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 1-9-2022 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)
(Typed or printed name of person signing)
President
(Title of person signing)