

N19405

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 JUL 25 PM 12: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 23, 2011

SYLVIA D. IZQUIERDO
RESCUE OUTREACH MISSION OF SANFORD, INC.
1701 W 13TH STREET
SANFORD, FL 32771

SUBJECT: RESCUE OUTREACH MISSION OF SANFORD, INC.
Ref. Number: N19405

We have received your document for RESCUE OUTREACH MISSION OF SANFORD, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document. ✓

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s). ✓

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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. ✓

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 411A00015263

See Attached

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RESCUE OUTREACH MISSION OF SANFORD, INC.

DOCUMENT NUMBER: N19405

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

Please return all correspondence concerning this matter to the following:

SYLVIA D. IZQUIERDO

(Name of Contact Person)

RESCUE OUTREACH MISSION OF SANFORD, INC.

(Firm/ Company)

1701 W. 13TH STREET

(Address)

SANFORD, FLORIDA 32771

(City/ State and Zip Code)

sizquierdo@rescueoutreachmission.org

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

For further information concerning this matter, please call:

SYLVIA D. IZQUIERDO

(Name of Contact Person)

at (407) 321-8224

(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

FILED
11 JUL 25 PM 2: 02

RESCUE OUTREACH MISSION OF SANFORD, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N19405

(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:

RESCUE OUTREACH MISSION OF CENTRAL FLORIDA, 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)

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:

JAMES VICKARYOUS

1701 W. 13TH STREET

New Registered Office Address:

(Florida street address)

SANFORD,

(City)

Florida 32771

(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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<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)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

The date of adoption of the amendment(s) was: JULY 1, 2011

Effective date if applicable: JULY 1, 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 was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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.)

JAMES VICKARYOUS

(Typed or printed name of person signing)

CHAIRMAN BOARD OF DIRECTORS

(Title of person signing)

FILING FEE: \$35