

NO4000009502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

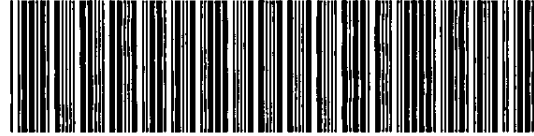
(Business Entity Name)

(Document Number)

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2016 MAR 14 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

MAR 14 2016
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SERVANTS OF FRIENDS, INC. (SOF)

DOCUMENT NUMBER: N04000009502

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

Please return all correspondence concerning this matter to the following:

MAUDE SILVER

(Name of Contact Person)

NONE

(Firm/ Company)

PO BOX 827601

(Address)

PEMBROKE PINES, FL 33082

(City/ State and Zip Code)

silverstars9@comcast.net

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

For further information concerning this matter, please call:

Maude Silver

786

505-5063

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:

☒ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2016

MAUDE SILVER
P.O. BOX 827601
PEMBROKE PINES, FL 33082

SUBJECT: SERVANTS OF FRIENDS, INC.
Ref. Number: N04000009502

We have received your document for SERVANTS OF FRIENDS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Bylaws are not filed with this office. Please retain them for your records.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 316A00003825

Articles of Amendment
to
Articles of Incorporation
of

SERVANTS OF FRIENDS, INC. (SOF)

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

N04000009502

(Document Number of Corporation (if known))

FILED
2016 MAR 14 PM 3:44
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:

N/A

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**)

16000 PINES BLVD - SUITE 27601

PEMBROKE PINES, FL 33082

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O BOX 827601

PEMBROKE PINES, FL 33082

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:

Magda Prophete

16000 Pines Blvd # 7601

(Florida street address)

New Registered Office Address:

16000 Pines Blvd # 7601

(City)

Pembroke Pines Florida 33082

(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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>MAUDE SILVER</u>	<u>21001 PINES BLVD #7215</u> <u>PEMBROKE PINES, FL 33029</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>MAGDA PROPHETE</u>	<u>P.O BOX 827601</u> <u>PEMBROKE PINES, FL 33082</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>MARIE CLAIRE NELSON</u>	<u>P.O BOX 827601</u> <u>PEMBROKE PINES, FL 33082</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>MICHELLE ST CLAIR</u>	<u>P.O BOX 827601</u> <u>PEMBROKE PINES, FL 33082</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>ELIANE CLERMONT</u>	<u>P.O BOX 827601</u> <u>PEMBROKE PINES, FL 33082</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>YOLAINE CELESTIN</u>	<u>2552 W. SARATOGA DR</u> <u>COOPER CITY, FL 33026</u>

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.

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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	<u>D</u>	<u>SERETTE CARLING</u>	<u>P.O BOX 827601</u>
<input type="checkbox"/> Add			<u>PEMBROKE PINES FL 33082</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>GISLAINE ARCHER</u>	<u>P.O BOX 827601</u>
<input type="checkbox"/> Add			<u>PEMBROKE PINES, FL 33082</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<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)

ARTICLES OF CORPORATION - AMENDED JANUARY 2016

SECTOPM 1 - NAME OF ORGANIZATION - SERVANTS OF FRIENDS, INC. (SOF)

SECTION 2 - The principal office of the organization is: 16000 PINES BLVD, # 7601 - Pembroke Pines, fl 33082

a) The activities of the Organization will not be limited to the territory of the Principal location, and may be
conducted throughout the United States, its territories, and possessions, and the rest of the world.

ARTICLE II - PURPOSE

Section I - SOF is a charitable, not for profit Organization which has been formed exclusively to foster, promote, encourage
and facilitate the psychological, literary, cultural, social and educational development of the members, the population
it serves, and the community; and the integration into society in general within the State Florida and South Florida

Section 2 - SOF will assist families in developing strong relationships among the members. Provide skills to assist youth in
preventing harmful behaviors and redirect those, post-release from juvenile detention toward new positive
habits and social interactions.

ARTICLE III - ELECTIONS AND APPOINTMENTS

The board of Directors is composed of elected and appointed persons as provided for, in the Bylaws.

The date of each amendment(s) adoption: January 30, 2016, if other than the date this document was signed.

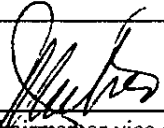
Effective date if applicable: January 30, 2016
(no more than 90 days after amendment file date)

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 01/30/2016

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)

Maude Silver

(Typed or printed name of person signing)

President

(Title of person signing)