

770470

(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



100214342521

11/23/11--01010--011 **35.00

FILED
2011 NOV 23 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TBrown 11-28-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TRUE LIFE CHOICE

DOCUMENT NUMBER: 770470

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

Please return all correspondence concerning this matter to the following:

MARK MANSFIELD

(Name of Contact Person)

TRUE LIFE CHOICE

(Firm/ Company)

PO Box 547729

(Address)

ORLANDO FL 32854

(City/ State and Zip Code)

TLC@TLCWOMENSCENTER.ORG

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

For further information concerning this matter, please call:

MARK MANSFIELD

(Name of Contact Person)

at (407) 257-2157

(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

October 27, 2011

MARK S MANSFIELD
TRUE LIFE CHOICE, INC.
PO BOX 547729
ORLANDO, FL 32854

SUBJECT: TRUE LIFE CHOICE, INC.
Ref. Number: 770470

We have received your document for TRUE LIFE CHOICE, 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):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 011A00024574

Articles of Amendment
to
Articles of Incorporation
of

True Life Choice, Inc.

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

770470

(Document Number of Corporation (if known))

FILED
2011 NOV 23 AM 8:59
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)

2992 EDGEWATER DR

ORLANDO FL 32804

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)

(City)

Florida

(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)

SEE ATTACHED SHEET

The date of each amendment(s) adoption: OCT. 10, 2011

(date of adoption is required)

Effective date if applicable: Nov. 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(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 Nov 19 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)

CHRISTIANNE ROBINSON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Article III - Purposes

The Corporation is organized as a Christian, faith based ministry exclusively for charitable, religious and educational purposes within the meaning of 501 (c)(3) of the Internal Revenue Code, including but not limited to educating the community about the abortion issue, including among its activities the operation of a pregnancy care center/medical facility offering pregnancy testing, ultrasounds, education and assistance as is needed and for the purpose of engaging in all activities permitted by Florida law that are in furtherance of this purpose.

Amended October 10, 2011
True Life Choice, Inc.
770470

