771274

| (Requestor's Name) | |
|---|--|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
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| Special Instructions to Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Oakbrook Center for Spiritual Living, I |
|---|
| DOCUMENT NUMBER: 771274 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Cynthia C. Grines (Name of Contact Person) |
| (Name of Contact Person) |
| Oakbrook Center for Spiritual Living Inc |
| 1009 NE 28th Are. (Address) |
| Ocala, Fl 34470 (City/ State and Zip Code) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Cynthia Civines at 352 - 454 - 6830 (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 & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Mailing Address Amendment Section Street Address Amendment Section |

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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 |
|---|
| Dakbrook Center-for Spiritual Living Inc. |
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| 771274 |
| (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: Center for Sorritual Living Ocala, 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) |
| |
| <i>/*/</i> |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) |
| - NA |
| |
| 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 |
| 2020 |

Page 1 of 4

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.

| Mike Jones,) as Kemovi | e, una sai | ij Smin, Sv us un Auu. | |
|---|------------------------------------|---|-----------------|
| Example: X Change X Remove X Add | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add | | _ | |
| Remove | | | |
| 2) Change Add | | | <i></i> |
| Remove 3) Remove Add Remove | | | |
| 4) Change Add | | - / P` | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | _ | |
| Remove | | D 4.44 | |
| E. <u>If amending or addi</u> (attach additional she | ng additi ets, if nec | Page 2 of 4 onal Articles, enter change(s) here: essary). (Be specific) | |
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| Page 3 of 4 | |
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| The date of each amendment(s) adoption: | if other than the |
| date this document was signed. | If other than the |
| Effective date if applicable: | _ |
| Effective date if applicable: (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 document's effective date on the Department of State's records. | be listed as the |
| 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.

| re no members or members entitled to vote on the amendment(s). The amendment(s) was/were I by the board of directors. |
|--|
| Dated |
| Signature Melias Jen |
| (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) |
| (Typest of printed name of perion signing) |
| President (Title of person signing) |