

N00000001573

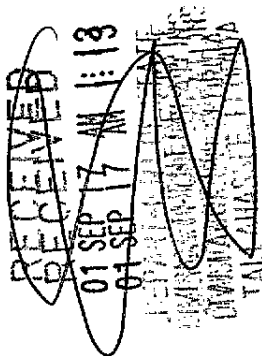
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FILED
2001 SEP 18 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****35.00 *****35.00

The Home Place of
Manatee County, Inc.



RECEIVED
01 SEP 17 AM 1:13
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Signature

Amend - R.C.
C. Coulllette SEP 18 2001

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

___ Art of Inc. File ___
___ LTD Partnership File ___
___ Foreign Corp. File ___
___ L.C. File ___
___ Fictitious Name File ___
___ Trade/Service Mark ___
___ Merger File ___
☒ Art. of Amend. File ___
___ RA Resignation ___
___ Dissolution / Withdrawal ___
___ Annual Report / Reinstatement ___
___ Cert. Copy ___
☒ Photo Copy ___
___ Certificate of Good Standing ___
___ Certificate of Status ___
___ Certificate of Fictitious Name ___
___ Corp Record Search ___
___ Officer Search ___
___ Fictitious Search ___
___ Fictitious Owner Search ___
___ Vehicle Search ___
___ Driving Record ___
___ UCC 1 or 3 File ___
___ UCC 11 Search ___
___ UCC 11 Retrieval ___
___ Courier ___



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

September 17, 2001

CAPITAL CONNECTION, INC.

TALLAHASSEE, FL

SUBJECT: THE HOME PLACE OF MANATEE COUNTY, INC.

Ref. Number: N00000001573

We have received your document for THE HOME PLACE OF MANATEE COUNTY, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This is a non profit corporation, therefore, it must be filed pursuant to section 617.1006. You will need to remove any references about shareholders from you document and be sure your manner of adoption in in compliance with above statute.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 001A00051971

RECEIVED
SEP 18 04 9 23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Corrected

ARTICLES OF AMENDMENT

OF

THE HOME PLACE OF MANATEE COUNTY, INC.

a Florida corporation Not for profit

FILED
2001 SEP 18 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Florida Statutes 617.1006 the articles of incorporation of the above named corporation are hereby amended as follows:

1. That the articles of incorporation of **THE HOME PLACE OF MANATEE COUNTY, INC.** are hereby amended by striking Article I in its entirety and substituting the following:

**"ARTICLE I
NAME**

The name of the corporation shall be: **THE HOME PLACE OF SOUTH WEST FLORIDA, INC."**

2. That the articles of incorporation of **THE HOME PLACE OF MANATEE COUNTY, INC.** are hereby amended by striking Article II in its entirety and substituting the following:

**"ARTICLE II
Principal place of business and mailing address**

The principal place of business of this corporation is 968 Coral Club Dr., Coral Springs, FL 33071. The mailing address of this corporation is P.O. Box 1462, Palmetto, FL 34221."

3. That the articles of incorporation of **THE HOME PLACE OF MANATEE COUNTY, INC.** are hereby amended by striking the first paragraph of Article III and substituting the following two paragraphs therefor:

"The purpose of The Home Place of South West Florida, Inc. is to provide direct and indirect services to high-risk children and children in need, including unwed pregnant girls in south west Florida. These services may include residential (Part-time and Full-time), Respite, Case Management, Advocacy and Support services, and the establishment and/or sponsoring of a safe haven and home environment for neglected, abused and abandoned children and unwed pregnant girls.

Its plan of operation shall be through its Board of Directors, committees or other agencies, to seek out and investigate all cases and to administer in each deserving case, through means derived from contributions of its members and others and from such sources as may be necessary, and to this end, among other things to provide, establish and maintain an office or place of business and such other accommodations as may be necessary or convenient for the transaction of its business and the

dispensation of its charities. The net earnings shall be devoted exclusively to the charitable purposes as set forth herein."

4. That the articles of incorporation of **THE HOME PLACE OF MANATEE COUNTY, INC.** are hereby amended by striking Article V in its entirety and substituting the following:

"ARTICLE V
Registered Agent and Street Address

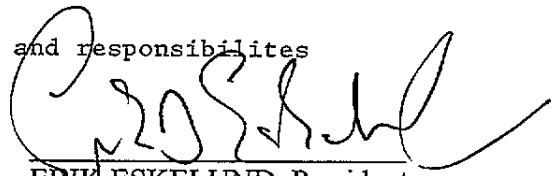
The name and the street address of the registered agent is:

ERIK ESKELUND
968 Coral Club Dr.
Coral Springs, FL 33071"

5. The aforesaid amendment was unanimously adopted by all of the directors on the 30th day of August, 2001, *No member approval required.*

IN WITNESS WHEREOF, we the undersigned, have executed these Articles of Amendment this 13th day of September, 2001

I hereby am failiar with and accept the duties and responsibilites as registered agent for said corporation.


ERIK ESKELUND, President
and Registered Agent

Attest:


TAMARA ESKELUND, Secretary


(Corporate Seal)

STATE OF FLORIDA
COUNTY OF MANATEE

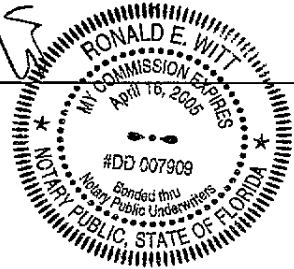
BEFORE ME, the undersigned authority, personally appeared ERIK ESKELUND, as President, and TAMARA ESKELUND, as Secretary, of THE HOME PLACE OF MANATEE COUNTY, INC., a Florida corporation, to me known to be the officers of said corporation, and acknowledged before me that they executed the foregoing Amendment to Articles of Incorporation

freely and voluntarily for the purposes therein expressed, and that such is the act and deed of said corporation, and said officers are personally known to me or have produced a _____ as identification.

WITNESS my hand and official seal in the County and State last aforesaid, this
13th day of September, 2001.



Notary Public



My Commission Expires: