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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

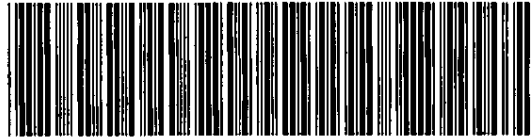
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**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

December 23, 2014

**BRENDAN SHORTLEY**  
2603 NW 13TH ST #306  
GAINESVILLE, FL 32609

**SUBJECT: HELPING HANDS CLINIC, INC.**  
Ref. Number: N00000006549

*your  
reference  
letter*

We have received your document for HELPING HANDS CLINIC, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 4 is missing from the document. Please find enclosed and complete the missing page. Also, please print the name of the corporation on the top of page 1.

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.

Rebekah White  
Regulatory Specialist II

Letter Number: 914A00027170

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Helping Hands Clinic, Inc

DOCUMENT NUMBER: N00000006549

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

Please return all correspondence concerning this matter to the following:

Brendan Shortley

(Name of Contact Person)

Helping Hands Clinic, Inc

(Firm/ Company)

2603 NW 13<sup>th</sup> St #306

(Address)

Gainesville, FL 32609

(City/ State and Zip Code)

helpinghandsclinic@gmail.com

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

For further information concerning this matter, please call:

Brendan Shortley

(Name of Contact Person)

at ( 352 ) 222-6222

(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

Helping Hands Clinic, Inc.

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

N00000006549

(Document Number of Corporation (if known))

FILED

15 JAN 12 PM 12:36

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)

509 NE 1st St  
Gainesville, FL 32609

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:

(Florida street address)

New Registered Office 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)

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:

X Change PT John Doe  
X Remove V Mike Jones  
X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) X Change	TP	Diane Dimperio	509 NE 1st St Gainesville, FL 32609
2) X Change	TV	Mary Kilgour	509 NE 1st St Gainesville, FL 32609
3) X Change	TS	Randall Stacey	509 NE 1st St Gainesville, FL 32609
4) X Remove	TP	Brendan Shortley	
5) X Add	TS	Cynthia Stacey	509 NE 1st St Gainesville, FL 32609
6) X Add			

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

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The date of each amendment(s) adoption: 12/8/2014, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(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 12/27/2014

Signature Randy Stacey  
(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)

Randy Stacey  
(Typed or printed name of person signing)  
Director and Secretary  
(Title of person signing)