

N000000006997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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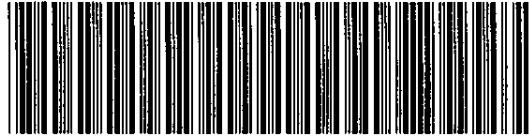
(Business Entity Name)

(Document Number)

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13 JAN 24 PM 2:37  
VALMONT, N.C.

*Amel 1/24/13*  
*\*C\**

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: \_\_\_\_\_

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Vera M. Stevens

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/ Company

P. O. Box 266943

\_\_\_\_\_  
Address

Wenon, FL 33326-2225

\_\_\_\_\_  
City/ State and Zip Code

abundantlife2000@bellsouth.net

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

For further information concerning this matter, please call:

Dr. Vera M. Stevens

\_\_\_\_\_  
Name of Contact Person

at (11-877-912-5433

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

January 16, 2013

VERA STEVENS  
P.O. BOX 266943  
WESTON, FL 33326-2225

SUBJECT: ABUNDANT LIFE HEALTH & FITNESS CENTER, INC.  
Ref. Number: N00000006997

We have received your document for ABUNDANT LIFE HEALTH & FITNESS CENTER, 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):

The signature page is for a profit corporation. Please find enclosed a new signature page for a Non Profit Corporation.

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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 813A00001303

*What happen is the 1st time this  
was sent to wrong people  
act - it was enclosed with other doc -  
so accept fax if call*

Articles of Amendment  
to  
Articles of Incorporation  
of

Abundant Life Health + Fitness Center, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

NO000000 6997

(Document Number of Corporation (if known))

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)

N/A

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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: N/A

(Florida street address)

New Registered Office 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

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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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |  |                               |                             |   |
|--|-------------------------------|-----------------------------|---|
| 1) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>T</u>                      | <u>India Maham-Stevens</u>  | <u>2225 NW 170 ter</u><br><u>Miami, Florida FL 33056</u>              |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>Event Coord. Assistant</u> | <u>Dorothy Innerarity</u>   | <u>2450 South Park Road # 109</u><br><u>Hallandale, FL 33009 3308</u> |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>T</u>                      | <u>Kevin L. Stevens Jr.</u> | <u>203 East Riverbend Rd.</u><br><u>Sunnyvale, FL 33326</u>           |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>Event Coord. Assistant</u> | <u>Joseph Witherspoon</u>   | <u>2546 Mayo Street</u><br><u>Hollywood, FL 33020</u>                 |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | <u>N/A</u>                    | <u>N/A</u>                  | <u>N/A</u>  |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | <u>N/A</u>                    | <u>N/A</u>                  | <u>N/A</u>  |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary) (Be specific)

N/A

The date of each amendment(s) adoption: 1/24/13

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 1/24/13

Signature Vera M. Stevens  
(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)

Vera M. Stevens  
(Typed or printed name of person signing)

Vera M. Stevens  
(Title of person signing)