(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number	,)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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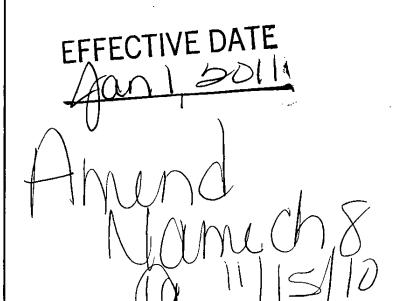


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FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SHELTERING	ARMS, INC.	
DOCUMENT NUM	BER: N00000008521		
The enclosed Article	s of Amendment and fee are sub	mitted for filing.	
Please return all corre	espondence concerning this matt	ter to the following:	
		TA JACKSON	
	(Name of	Contact Person)	
	THREE KEYS	YOUTH INITIATIVE	
	(Firm	/ Company)	· ·
	POI	BOX 4488	
	(/	Address)	
	OCAL	A, FL 34478	
	(City/ Star	te and Zip Code)	-
	LORETT	A@TKYI.ORG	
	E-mail address: (to be use	d for future annual report notification	ation)
For further information	on concerning this matter, please	e call:	
LORETTA JACK	SON	at (<u>352</u>) 291-290	0
(Name	of Contact Person)		me Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the Florida Departmen	t 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)
Amer Divis P.O.	ing Address Indirection Indire	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	r Circle



November 2, 2010

LORETTA JACKSON THREE KEYS YOUTH INITIATIVE INC. P.O. BOX 4488 OCALA, FL 34478

SUBJECT: SHELTERING ARMS, INC.

Ref. Number: N00000008521

We have received your document for SHELTERING ARMS, 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 document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 710A00025812

ECEIVED

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RETARY OF STATE

HASSEE, PLOSIDA

Articles of Amendment to **Articles of Incorporation**

SHELTERING ARMS, INC.

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

N00000008521

(Document Number of Corporation (if known)

A. If amending name, enter the new nam	<u>ne of the corporation:</u>	
THREE KEY	YS YOUTH INITIATIVE, INC.	
The new name must be distinguishable an abbreviation "Corp." or "Inc." <u>"Compan</u>	nd contain the word "corporation" or "in y" or "Co." may not be used in the name.	corporated" or the
3. Enter new principal office address, if Principal office address <u>MUST BE A STF</u>		
C. Enter new mailing address, if applica (Mailing address <u>MAY BE A POST Of</u>		
D. If amending the registered agent and/ new registered agent and/or the new in Name of New Registered Agent:	or registered office address in Florida, e registered office address:	nter the name of th
new registered agent and/or the new i		nter the name of the
new registered agent and/or the new in Name of New Registered Agent:	registered office address:	nter the name of the

Page 1 of 3

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)

D MARCEY GORDON PO BOX 4488 Add Remove D CHRISTINE BROWN PO BOX 4488 Add Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	<u>Title</u>	<u>Name</u>	Address	Type of Action
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	<u>D</u>	MARCEY GORDON		
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	<u>D</u>	CHRISTINE BROWN		
(attach additional sheets, if necessary). (Be specific)				·
	E. If amendin (attach addi	g or adding additional Articles, enter of tional sheets, if necessary). (Be specificational sheets).	change(s) here:	

The date of each amendmen	it(s) adoption: 10/25/2010
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.
Dated_10/2	29/2010
Signature _	MAI
(By	y the chairman or vice chairman of the board, president or other officer-if directive not been selected, by an incorporator – if in the hands of a receiver, trusted her court appointed fiduciary by that fiduciary)
	LORETTA F JACKSON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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