

NO1000008482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

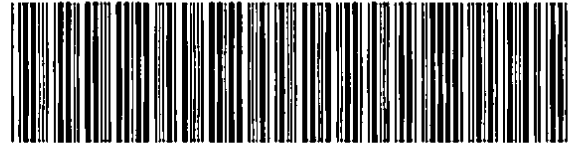
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED

SEP 08 2020

FILED
2020 NOV 12 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FL

11/12/20



Received
11/24/20

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2020

DEBORAH MORGAN
4601 S FLAGLER DRIVE
WEST PALM BEACH, FL 33405

SUBJECT: RAISED ON ROCK INC.
Ref. Number: N01000008482

We have received your document for RAISED ON ROCK INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of 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.

Querida R Moore
Regulatory Specialist II

Letter Number: 520A00020649

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RAISED ON ROCK INC

DOCUMENT NUMBER: N01000008482

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

Please return all correspondence concerning this matter to the following:

DEBORAH MORGAN
(Name of Contact Person)

PALM BEACH HARVEST INC
(Firm/ Company)

4601 S FLAGLER DRIVE
(Address)

WEST PALM BEACH FL 33405
(City/ State and Zip Code)

deborah@palmbeachharvest.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEBORAH MORGAN at 561-310-6641
(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:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

Articles of Amendment
to
Articles of Incorporation
of

2020 NOV 12 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FL

RAISED ON ROCK INC

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

N01000008482

(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:

S.O.B.E.R. CHARITABLE FOUNDATION **INC.**

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)

801 SE 6TH AVE STE 201 DELRAY BCH FL 33483-5185

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

801 SE 6TH AVE STE 201 DELRAY BCH FL 33483-5185

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:

TANYA YOUNG WILLIAMS
801 SE 6TH AVE

(Florida street address)

New Registered Office Address:

DELRAY BEACH

(City)

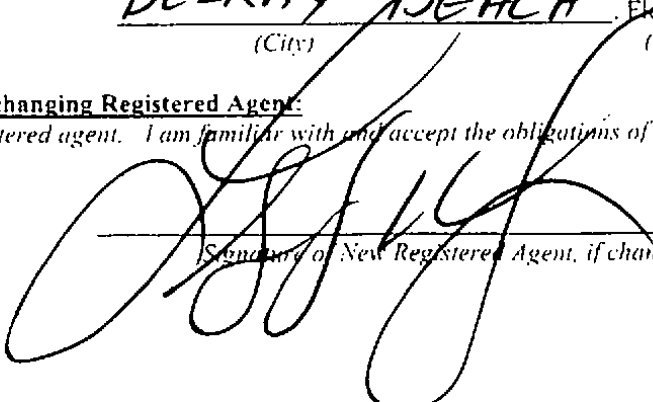
Florida

(Zip Code)

33483

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)

P = President, VP = Vice President, CFO = Chief Financial Officer, etc. 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 <input type="checkbox"/> Add	P	DAVID E STANLEY	4601 S FLAGLER DR WPB FL 33405
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	PTRD	TANYA YOUNG WILLIAMS	415 US HWY 1 APT 6 LAKE PARK FL 33404
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	Jennifer McHenry PAMELA SWANSON	4425 DON DIABLO 13 EXTON AVE LOS ANGELES, CA TRUSTON ST 90009 90008
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	VP VP	DEBORAH MORGAN	512 N ST WEST PALM BEACH FL 33401
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	D	PATRICK LIVINGSTON	1512 WINGFOOT ST LAKE WORTH FL 33460
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	Dr JACOB Elefant	7119 Via Marbella BOCA RATON 33433

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

Lined area for text entry.

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

Effective date if applicable: _____
(no more than 90 days after amendment file date)

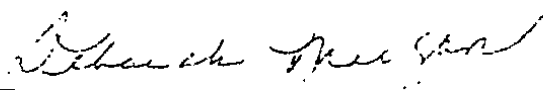
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 9/3/2020

Signature 

(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)

DEBORAH MORGAN

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)