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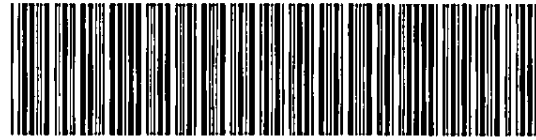
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2019

SANDRA SHANK
P.O. BOX 354925
PALM COAST, FL 32135

SUBJECT: ABUNDANT LIFE MINISTRIES - HOPE HOUSE, INCORPORATED
Ref. Number: N02000000025

We have received your document for ABUNDANT LIFE MINISTRIES - HOPE HOUSE, INCORPORATED 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 document submitted is for a profit corporation to become a profit benefit corporation. Because the above referenced entity is a not for profit corporation, this form cannot be filed. Please see the enclosed information.

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 Supervisor

Letter Number: 719A00022750

REC-10
19 NOV 20 10:10:11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Abundant Life Ministries-Hope House, Inc.

DOCUMENT NUMBER: N02000000025

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

Please return all correspondence concerning this matter to the following:

Sandra Shank

(Name of Contact Person)

Abundant Life Ministries-Hope House, Inc.

(Firm/ Company)

P.O. Box 354925

(Address)

Palm Coast, FL 32135

(City/ State and Zip Code)

administrator@almhhi.org

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

For further information concerning this matter, please call:

Sandra Shank

386-597-2861

(Name of Contact Person)

at (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 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

Street Address

Amendment Section
Division of Corporations
Clifton Building

Articles of Amendment
to
Articles of Incorporation
of

Abundant Life Ministries-Hope House, Inc.

2019 DEC 20 AM 8:54

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

N02000000025

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

25 Old Kings Road N. , Suite 3B

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Palm Coast, FL 32137

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: _____, 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

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>TR</u>	<u>Chris Freda</u>	<u>25 Old Kings Road N., Suite 4A</u>
<input type="checkbox"/> Add			<u>Palm Coast, FL 32137</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>S</u>	<u>Adrienne Dolinky</u>	<u>16 Leidel Drive</u>
<input type="checkbox"/> Add			<u>Palm Coast, FL 32164</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>Orjanette Bryant</u>	<u>58 Fisher Lane</u>
<input checked="" type="checkbox"/> Add			<u>Palm Coast, FL 32137</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>Diana Scydorsky</u>	<u>7 Avalon Terr.</u>
<input checked="" type="checkbox"/> Add			<u>Palm Coast, FL 32137</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>D</u>	<u>Dan Browne</u>	<u>43 Farraday Lane</u>
<input checked="" type="checkbox"/> Add			<u>Palm Coast, FL 32137</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>D</u>	<u>Tawana Tyler</u>	<u>129 Fairway Ct.</u>
<input type="checkbox"/> Add			<u>Bunnell, FL 32110</u>
<input checked="" type="checkbox"/> Remove			

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

(Attach additional sheets, if necessary). (Be specific)

[illegible]

H. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

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 10/15/2019 _____

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)

Sandra Shank

(Typed or printed name of person signing)

CEO/Founder

(Title of person signing)