

NO50000007027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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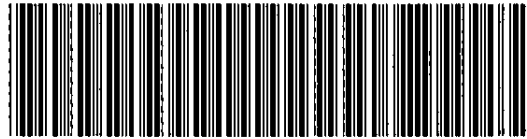
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend + N/C

TBrawn 8-9-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: E.A.S.E. (Effectively Assisting Struggling
Ex-offenders) Group, Inc.

DOCUMENT NUMBER: N05000007027

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

Please return all correspondence concerning this matter to the following:

Shawnequa Elliott
(Name of Contact Person)

(Firm/ Company)

4465 Trehouse Lane, #13A
(Address)

Tamara, Florida 33319
(City/ State and Zip Code)

Making a Safer Society @ hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: Shawnequa Elliott at (754) 246-
8433

Tamika Mallard or at (754) 201-9855
(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 checked="" 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
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2011 AUG -8 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Effectively Assisting Struggling Ex-offenders Group, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N05000007027

(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:

Safer Society, 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)

Same

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 121171

Ft. Lauderdale, FL 33312

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:

Same

New Registered Office Address:

(Florida street 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.

Same

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)

Title	Name	Address	Type of Action
Director	Zach J. Elliott	4465 Trechase Lane #13A Tamarac, FL 33319	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Director	Brian K. Dunlap	4465 Trechase Lane #13A Tamarac, FL 33319	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Treasurer/Director	Carretta McClain	2820 S.W. 3rd St. Ft. Lauderdale, FL 33312	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Director	Myles B. Schlem	4377 S.W. 10th Pl. #7 Deerfield Beach, FL 33442	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

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

Article II - Mailing address should be:

Safer Society, Inc. - P.O. Box 121171

Ft. Lauderdale, FL 33312

Article III - Please take out the word "re-focused"

Article I - Safer Society, Inc.

Please See Additional Sheets

<u>Title</u>	<u>Name</u>	<u>Address</u>
<u>Secretary</u>	Candace Schomburg - <u>Type of Action</u> Please remove	14683 Sunny Waters Ln Delray Beach, FL 33483

<u>Title</u>	<u>Name</u>	<u>Address</u>
<u>Director</u>	Tamika Mallard - <u>Type of Action</u> Please add	11850 S.W. 26 th St, Davie, FL 33325

<u>Title</u>	<u>Name</u>	<u>Address</u>
Director	Monique Schomburg - <u>Type of Action</u> Please add	135 Brown Ave, Hempstead, N.Y. 11550

<u>Title - President</u>	<u>Name</u>
Director/Secretary/Treasurer -	Shawnequa Elliott - Address: 4465 Treehouse Lane, #13A Tamarac, FL 33319 <u>Type of Action</u> Please add

The date of each amendment(s) adoption: 7/30/11
(date of adoption is required)

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 7/31/2011

Signature Shawnequa Elliott
(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)

Shawnequa Elliott
(Typed or printed name of person signing)

President / Director / Treasurer
(Title of person signing)