

NO 100246949361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

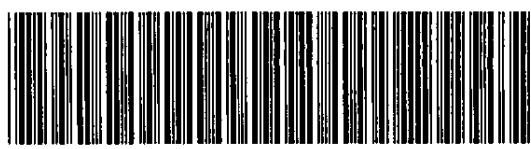
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100246949361

05/03/13--01020--013 **43.75

FILED
13 MAY -3 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ac/Amd
MAY 08 2013
R. WHITE



April 19, 2013

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

We are filing the enclosed Articles of Amendment to amend the name of the corporation from THE HAVEN DROP-IN CENTER, INC. to THE HAVEN WELLNESS CENTER, INC. There is not similar name in the records of the Florida Department of State that may result in a name infringement.

Please make the name change effective May 1, 2013. Enclosed is our check payable to the Florida Department of State for \$43.75 to cover the filing fee and a Certificate of Status.

You can contact me at 941-626-5046 if necessary.

Very truly yours,

Ana M. Romillo
Treasurer

2120 Lucky Street, Port Charlotte, FL 33948

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE HAVEN DROP-IN CENTER, INC.

DOCUMENT NUMBER: N06000008554

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

Please return all correspondence concerning this matter to the following:

ANA M. ROMILLO
(Name of Contact Person)

THE HAVEN DROP-IN CENTER, INC
(Firm/ Company)

2120 LUCKY STREET
(Address)

PORT CHARLOTTE, FL 33948
(City/ State and Zip Code)

ana.romillo@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA M. ROMILLO at (941) 626-5046
(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 checked="" 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

Articles of Amendment
to
Articles of Incorporation
of

FILED
13 MAY -3 PM 4:50

THE HAVEN DROP-IN CENTER, INC.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N06000008554

(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:

THE HAVEN WELLNESS CENTER, 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:

630-A WOODBURY DRIVE

*(Principal office address **MUST BE A STREET ADDRESS**)*

PORT CHARLOTTE, FL 33954

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

630-A WOODBURY DRIVE

PORT CHARLOTTE, FL 33954

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, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) _____	_____	_____ _____ _____
2) _____	_____	_____ _____ _____
3) _____	_____	_____ _____ _____
4) _____	_____	_____ _____ _____
5) _____	_____	_____ _____ _____
6) _____	_____	_____ _____ _____

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) _____	_____	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

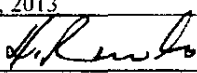
The date of each amendment(s) adoption: 4/19/2013

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 April 19, 2013

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)

ANA M. ROMILLO
(Typed or printed name of person signing)

TREASURER
(Title of person signing)