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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

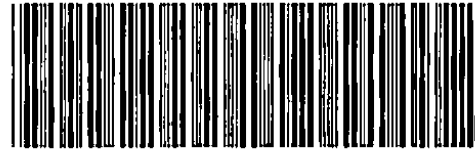
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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09-05-19 SEP 05 2019

SEP 05 2019  
FALLMANSSEE, FLORIDA

SEP 30 2019  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 18, 2019

MARY SCRIBNER  
ROBSON, SCRIBNER & STEWART, PA  
307 NE 36TH AVENUE STE 1  
OCALA, FL 34470

SUBJECT: SHELTERING HANDS, INC.  
Ref. Number: N07000003749

We have received your document for SHELTERING HANDS, INC. 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 cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 419A00019278

REC-11  
2019 SEP 27 PM 12:27

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Sheltering Hands, Inc.

DOCUMENT NUMBER: N07000003749

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

Please return all correspondence concerning this matter to the following:

Mary Scribner

(Name of Contact Person)

Robson, Scribner & Stewart, PA

(Firm/ Company)

307 NE 36th Ave #1

(Address)

Ocala, FL 34470

(City/ State and Zip Code)

cpa@rsscpa.com

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

For further information concerning this matter, please call:

Mary Scribner

(Name of Contact Person)

at 352-694-4184

(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) |
|                                          | <u>Amly Pa</u>                                                                 |                                                                                            |                                                                                                                |

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

Sheltering Hands, Inc.

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

N07600003749

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the 1 amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

NA

*name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

Same

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 773175

Ocala, FL 34477-317

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:

Robson, Scribner & Stewart, Inc.

307 NE 36th Ave #1

(Florida street address)

New Registered Office Address:

Ocala, FL

(City)

Florida 344

(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.*

Mary Smithe

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 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 Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter 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 a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

Example:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
X 1) <u>Change</u>	S	Wabbersen, Deborah	2020 NE 39th Street
<u>Add</u>			Ocala, Fl. 34479
<u>Remove</u>			
X 2) <u>Change</u>	P	Camilleri, Gina	3839 SE 45th Place
<u>Add</u>			Ocala, Fl. 34480
<u>Remove</u>			
3 ) <u>Change</u>	S	Wege, Molly	13351 SE 80th Street
<u>Add</u>			Morrison, Fl. 32668
X <u>Remove</u>			
4) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

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

N/A

The date of each amendment(s) adoption: 09/05/19  
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 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 \_\_\_\_\_

Signature Gina Camilleri  
(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)

Gina Camilleri  
(Typed or printed name of person signing)

President  
(Title of person signing)