

NO700000 8326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

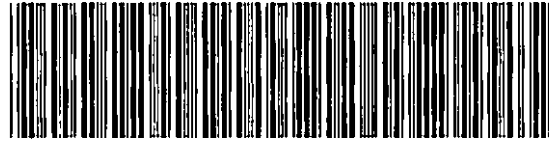
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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U.S. DEPARTMENT OF JUSTICE

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1 ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Oasis of Love Restoration Center, Inc.

DOCUMENT NUMBER: N07000008326

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

Please return all correspondence concerning this matter to the following:

Heidi Mattioli

(Name of Contact Person)

Oasis of Love Restoration Center, Inc.

(Firm/ Company)

4142 Mariner Blvd, Suite 430

(Address)

Spring Hill, FL 34609

(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Heidi Mattioli

813

918-7157

at

(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 checked="" 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Oasis of Love Restoration Center, Inc.

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

N07000008326

(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 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**)*

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:

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.

Signature of New Registered Agent, if changing

The date of each amendment(s) adoption: August 14, 2020, 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.

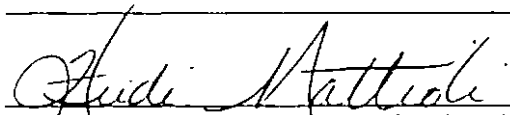
Adoption of Amendment(s) (CHECK ONE)

☒ 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 August 14, 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)

Heidi Mattioli

(Typed or printed name of person signing)

/Director

(Title of person signing)

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008326

Entity Name: OASIS OF LOVE RESTORATION CENTER, INC.

Current Principal Place of Business:

6209 OCEAN PINES LANE
SPRING HILL, FL 34606

Current Mailing Address:

4142 MARINER BLVD.
SUITE 430
SPRING HILL, FL 34609 US

FEI Number: 26-0628624

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MATTIOLI, HEIDI
3208 STONEYBROOK LANE
TAMPA, FL 33618 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HEIDI MATTIOLI

04/02/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CIGANEK, PETER MICHAEL DR.
Address 6209 OCEAN PINES LANE
City-State-Zip: SPRING HILL FL 34606

Title CHAIRMAN, FOUNDER
Name CIGANEK, MARY ELLEN DR.
Address 6209 OCEAN PINES LANE
City-State-Zip: SPRING HILL FL 34606

Title DIRECTOR
Name MATTIOLI, HEIDI
Address 3208 STONEYBROOK LANE
City-State-Zip: TAMPA FL 33618

Title DIRECTOR
Name COLANGELO, JERRY
Address 70 EAST COUNTRY CLUB DRIVE
City-State-Zip: PHOENIX AZ 85014

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY ELLEN CIGANEK

CHAIRMAN, FOUNDER

04/02/2020

Electronic Signature of Signing Officer/Director Detail

Date