

107000008396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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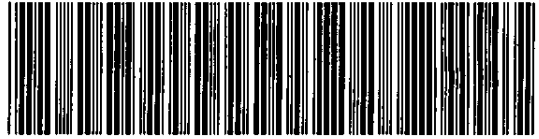
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TALLAHASSEE, FLORIDA

AMEND
DRE
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ABRAHAM DAUGHTERS HOUSE OF
REFUGE & FOOD PANTRY, INC
DOCUMENT NUMBER: ND700008396

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

Please return all correspondence concerning this matter to the following:

INETA WHITE
(Name of Contact Person)

ABRAHAM DAUGHTERS HOUSE OF REFUGE
(Firm/ Company)

P. O. BOX 730705
(Address)

ORMOND BEACH FL 32173
(City/ State and Zip Code)

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

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10 OCT 15 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CARLOS VALDEARAMA at (321) 206-8377
(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:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 OCT 25 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 15, 2010

INETA WHITE
ABRAHAM DAUGHTERS HOUSE OF REFUGE & FOOD
PO BOX 730725
ORMOND BEACH, FL 32173

SUBJECT: ABRAHAM DAUGHTERS HOUSE OF REFUGE & FOOD PANTRY,
INC.
Ref. Number: N07000008396

We have received your document for ABRAHAM DAUGHTERS HOUSE OF REFUGE & FOOD PANTRY, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 510A00024469

Articles of Amendment
to
Articles of Incorporation
of

ABRAHAM DAUGHTERS HOUSE OF REFUGE & FOOD PANTRY, INC
(Name of Corporation as currently filed with the Florida Dept. of State)

10700008396

(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:

N/A

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)

1963 CAROLINE AVE.
ORMOND BEACH, FL
32174

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:

VALDERRAMA PARTNERS LLC

New Registered Office Address:

1676 PROVIDENCE Blvd.

(Florida street address)

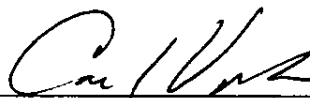
DELTONA

(City)

Florida 32225
(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	(SEE ATTACHMENT)		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

The date of each amendment(s) adoption: 10-11-10

(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 10-11-10

Signature

Ineta White

(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)

INETA WHITE
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

OFFICERS

Title - PRESIDENT
WHITE, INETA J
1963 CAROLINA AVE
ORMOND BEACH FL 32174

Title - SECRETARY
BAPTISTE, DEBRA A
1030 THUNDERBIRD DR
DAYTONA BEACH FL 32117

Title - VICE PRESIDENT
GRAHAM, *FELICIA N*
18766 PERIMETER
CLERMONT, FL 34715

Title - TREASURER
GORDON, LASHON E
3080 BUTLER RIDGE RD
DELTONA FL 32738

Title - DIRECTOR
DOCKERY, JANET M
61 POINT OF WOOD DRIVE
PALM COAST FL 32164

Title - DIRECTOR
WHITE, VIVIAN D
319 MICHGAN
DAYTONA BEACH FL 32124

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TALLAHASSEE, FLORIDA