

N08000001622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

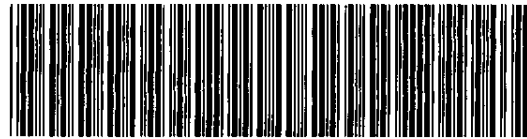
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
11 DEC 15 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend & N.C.
C.COULLIETTE

DEC 15 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: christy S.O.S Outreach, Inc.

DOCUMENT NUMBER: N08000001622

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

Please return all correspondence concerning this matter to the following:

ROSE VIDAL
(Name of Contact Person)

(Firm/ Company)

P.O. BOX 1192
(Address)

Citra Florida 32113
(City/ State and Zip Code)

For further information concerning this matter, please call:

Rose Vidal at (352) 502 1495
(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

December 7, 2011

ROSE VIDAL
PO BOX 1192
CITRA, FL 32113

SUBJECT: CHRIST'S S.O.S OUTREACH, INC.
Ref. Number: N08000001622

We have received your document for CHRIST'S S.O.S OUTREACH, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Bylaws are not filed with this office. Please retain them for your records.

Any changes you are wishing to make for this corporation will need to be shown within the amendmend document. You cannot attach articles of incorporation or any other documents that would have all of your information, not just the changes to the articles. If you are unsure of the information needed to complete this filing, please call for explanation.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 311A00027340

RECEIVED
11 DEC 15 AM 10:18
Division of Corporations
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

CHRIST'S S.O.S. OUTREACH, INC.

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

N08000001622

(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:

S.O.S. COMMUNITY OUTREACH, INC. SERVICES

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)

2351 E. HWY 318
CITRA FL 32113

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 1192
CITRA FL 32113

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC 15 AM 10:54

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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>
Director	Eugene Bruce Burleson	3591 E Hwy 318 Citra FL 32113	<input checked="" 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)

the change made in the articles is that
we do not house women + children.
We also made a change in the physical + mailing
address but all other parts remained the
same - By laws are the same.

New Name: S.O.S community outreach services, inc.

The date of each amendment(s) adoption: 11-20-2011

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 11-20-2011

Signature Rosangela Vidal
(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)

Rosangela VIDAL

(Typed or printed name of person signing)

President

(Title of person signing)