

No 800000/767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

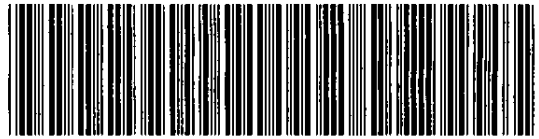
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 AUG 27 PM 2:02

FILED
STATE
SECRETARY OF
TREASURY
MICHIGAN

AMEND
RC
8/28/09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2009

GLADYS D. CALHOUN
THE SIXTH DAY FAMILY HOMELESS CENTER INC
10698 S US HWY #1
PORT ST. LUCIE, FL 34952

SUBJECT: THE SIXTH DAY HOMELESS FAMILY CENTER INC.
Ref. Number: N08000001767

We have received your document for THE SIXTH DAY HOMELESS FAMILY CENTER INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$43.75. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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.

The date of adoption of each amendment must be included in the document.

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

Karen Gibson
Document Specialist Supervisor

Letter Number: 709A00023357

RECEIVED
2009 AUG 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE SIXTH DAY HOMELESS FAMILY CENTER INC.

DOCUMENT NUMBER: N08000001767

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

Please return all correspondence concerning this matter to the following:

GLADYS D. CALHOUN

(Name of Contact Person)

THE SIXTH DAY FAMILY HOMELESS CENTER INC.

(Firm/ Company)

10698 S. US#1

(Address)

PORT SAINT LUCIE, FLORIDA, 34952

(City/ State and Zip Code)

thesixthdayhomelessfamilycenter@comcast.net

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

For further information concerning this matter, please call:

Robert J. Calhoun

(Name of Contact Person)

at (772) 708-0999

(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

RECEIVED
2009 JUL -7 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

The Sixth Day Homeless Family Center Inc.

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

N08000001767

(Document Number of Corporation (if known))

09 AUG 27 PM 2:02
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(Attach additional sheets, if necessary)

Execu⁺ DIR
9 Pastor

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

[illegible]

The date of each amendment(s) adoption: _____

(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 JUNE 30, 2009

X
Signature

Gladys D. Calhoun
(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)

GLADYS D. CALHOUN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)