N08 00000 7296

(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

QM

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2020

CHARLES O YOUNG
PO BOX 789
VALRICO, FL 33595

SUBJECT: WORKPLACE PARACLETES, INC.
Ref. Number: N08000007296

We have received your document and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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.

Querida R Moore
Regulatory Specialist II

Letter Number: 620A00007052

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Workplace Paracletes Inc

DOCUMENT NUMBER: N08000007296

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

Please return all correspondence concerning this matter to the following:

Charles O Young

(Name of Contact Person)

Workplace Paracletes Inc

(Firm/ Company)

509 South Saint Cloud Ave

(Address)

Valrico, Florida 33594

(City/ State and Zip Code)

chaschaplain@aol.com

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

For further information concerning this matter, please call:

Charles O Young   813   4895877
                                              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:

■ $35 Filing Fee   ☐ $43.75 Filing Fee &   ☐ $43.75 Filing Fee &   ☐ $52.50 Filing Fee
                    Certificate of Status   Certified Copy   Certificate of Status
                                              (Additional copy is   Certified Copy
                                              enclosed)   (Additional Copy is
                                                                       Enclosed)

Mailing Address	**Street Address**
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Workplace Paracletes Inc
_____
(Name of Corporation as currently filed with the Florida Dept. of State)

N08000007296
_____
(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:

_____ NA _____*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)*

_____, Florida _____
(City)   (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.

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

Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address

1) ____ Change   D   Tony Parker   Old Welcome Rd
     ____ Add   Lithia, Fl 33547
     _x_ Remove

2) ____ Change   D   Larry Kimbro   729 Tuscanny
     ____ Add   Valrico, Fl. 33594
     _x_ Remove

3) ____ Change   D   Kevin Renchens   106 Laurel Tree Way
     _x_ Add   Brandon, Fl. 33511
     ____ Remove

4) ____ Change   D   Larry Cali   13387 Gavin Rd
     _x_ Add   Dover, Fl 33527
     ____ Remove

5) ____ Change
     ____ Add
     ____ Remove

6) ____ Change
     ____ Add
     ____ Remove

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: April 1, 2020 _____, if other than the date this document was signed.

Effective date _if applicable_: April 5, 2020 _____

(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   4/1/2020
_____

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)

Charles O Young
_____

(Typed or printed name of person signing)

President
_____

(Title of person signing)