N08000008212

. (Reque	stor's Name)	
(Addres	s)	
(Addres	s)	
(City/St	ate/Zip/Phone #)	
PICK-UP] WAIT [MAIL :
(Busine	ss Entity Name)	
(Document Number)		
Certified Copies	Certificates of Sta	atus
Special Instructions to Filin	g Officer:	,

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TATLANASSEE TATES

Amend CC Amend CCh Manuech 8

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Blessing	s by raith/Angels Over	Me Community
	`	• .	Resources, I
DOCUMENT NUMB	ER: <u>N080000</u>	08212	
The enclosed Articles	of Amendment and fee ar	e submitted for filing.	
Please return all corres	pondence concerning this	matter to the following:	
	,		
·	Cassandra Bole		
	(Nan	ne of Contact Person)	
•		•	
_Bles	ssings By Faith)	/Angels Over Me Commun: (Firm/Company)	it <u>y Res</u> ources, 1
,			
240	8 Soutel Drive		<u> </u>
		(Address)	
	•		
Jac	ksonville, FL	32208	
. ,	(City	/ State and Zip Code)	···
	•		•
	•		,
	E-mail address: (to be	used for future annual report notifica	ation)
			•
or further information	concerning this matter, p	lease call:	
•	•		,
Cassandra B	olog .	at (<u>904</u>) <u>864-00</u>	160
(Name of	Contact Person)		ne Telephone Number)
(114		(2.02 0,000 == =5,000	,
nclosed is a check for	the following amount ma	de payable to the Florida Department	of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee &	☒ \$43.75 Filing Fee &	□ \$52.50 Filing Fee
φ55 1 11111 Ε 1 00	Certificate of Status	Certified Copy	Certificate of Status
		(Additional copy is	Certified Copy
,		enclosed)	(Additional Copy is enclosed)
	Address	Street Address	,
	nent Section	Amendment Section	
	of Corporations	Division of Corporatio	ns
P.O. Box		Clifton Building	. Cirolo
Tallahas	see. FL 32314	2661 Executive Center	Circle

Tallahassee, FL 32301



September 10, 2009

CASSANDRA BOLES BLESSING BY FAITH 2408 SOUTEL DRIVE JACKSONVILLE, FL 32208

SUBJECT: BLESSING BY FAITH /ANGELS OVER ME COMMUNITY

RESOURCES INC.

Ref. Number: N08000008212

We have received your document for BLESSING BY FAITH /ANGELS OVER ME COMMUNITY RESOURCES INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 209A00030018



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 10, 2009

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Irene Albritton Regulatory Specialist II

Letter Number: 209A00030018

2009 DEC -7 AM 8: 90

Articles of Amendment to Articles of Incorporation of



Blessings By Faith/Angels Over Me Community Resources, Ind (Name of Corporation as currently filed with the Florida Dept. of State)

Pursuant to the provisions of section 617.1006, Florida S the following amendment(s) to its Articles of Incorporati		rofit Corporation adopt
A. If amending name, enter the new name of the corp		_
Blessings By Faith/Angels Ov		
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." n		rporated" or the
abbreviation Corp. or inc. <u>*Company or Co. m</u>	uy not ve useu in the name.	· :
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)	
		
	·	•
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		 ,,
 If amending the registered agent and/or registered new registered agent and/or the new registered office 		r the name of the
new registered agent and/or the new registered orne	ce address.	
Name of New Registered Agent:		
Non Projectional Office Address	(Florida street address)	
New Registered Office Address:	(Fibriau sireei adaress)	,
		, Florida
	(City)	(Zip Code)
	red Agent:	

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>	Address	Type of Action
<u>D</u>	Cassandra Boles	2408 Soutel Drive Jacksonville, FL 32208	□ Add □ Remove
D	Derek Ross	2408 Soutel Drive Jacksonville, FL 32208	Ø Add Remove
<u>D</u>	Linda Cowels	2838 Sun Lake Loop Apt. 310 Lake Mary, FL 32746	☑ Add □ Remove

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

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

Article III: The specific purpose of Blessings by Faith/Angels Over Me Communities, Inc. is to provide transitional housing and residential housing for mentally ill, homeless, and disadvantaged individuals and those in emergency situations. We will provide transitional housing for individuals who are also released from prison and need assistance. The organization is a not-for-profit corporation, organized exclusively for charitable religious and educational purposes under the Internal Revenue Code section 501(c)(3). Article IX: Upon the dissolution of the corporation, the Board of directors will ensure that all liabilities of the corporation are pait to the extent possible through liqidation of assets. Should any assets be left, they shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for the public purpose. Any such assets not disposed of shall be disposed by the Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organizations as said Court deems approp0riate.

The date of each amendment(s) adoption: August 14, 2009
`	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro	e adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or m adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Signature(By the same state of the same st	the chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Cassandra Boles (Typed or printed name of person signing)
	President/CEO
	(Title of person signing)

Page 3 of 3