

NO9000002068

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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09 MAY 28 AM 10:58

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Amend
C. COULLETTE

MAY 28 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HELPING HANDS OF CENTRAL FLORIDA INC

Name of Corporation

DOCUMENT NUMBER: N09000002068

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TERRY LITTERST

Name of Contact Person

Firm/Company

8234 US HWY 98 N

Address

LAKELAND FL 33809

City/State and Zip Code

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

For further information concerning this matter, please call:

TERRY LITTERST

Name of Contact Person

at (863) 838-2637

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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

May 14, 2009

TERRY LITTERST
8234 US HWY 98 N.
LAKE LAND, FL 33809

SUBJECT: HELPING HANDS FOUNDATION OF CENTRAL FLORIDA INC
Ref. Number: N09000002068

We have received your document for HELPING HANDS FOUNDATION OF CENTRAL FLORIDA INC 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):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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: 209A00016407

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

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HELPING HANDS FOUNDATION OF CENTRAL FLOE

DOCUMENT NUMBER: N09000002068

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

Please return all correspondence concerning this matter to the following:

TERRY LITTERST

(Name of Contact Person)

(Firm/ Company)

8234 US HWY 98 N

(Address)

LAKELAND FL 33809

(City/ State and Zip Code)

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

For further information concerning this matter, please call:

TERRY LITTERST

(Name of Contact Person)

at (863) 838-2637

(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

Articles of Amendment
to
Articles of Incorporation
of

HELPING HANDS FOUNDATION OF CENTRAL FLORIDA INC

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

N09000002068

(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:

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:

ROGER J BLOUCH

8234 US HWY 98 N

New Registered Office Address:

(Florida street address)

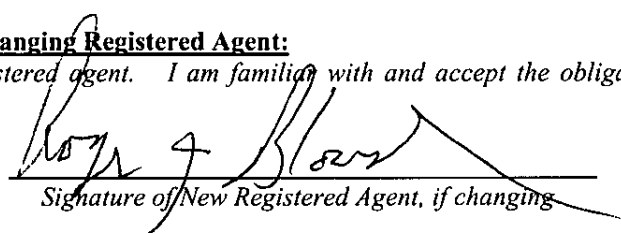
LAKELAND

(City)

, Florida 33809
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 28 AM 10:58

(Attach additional sheets, if necessary)

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

[illegible]

(Attach additional sheets, if necessary)

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

[illegible]

The date of each amendment(s) adoption: 05/18/2009

Effective date if applicable:

(no more than 90 days after amendment file date)

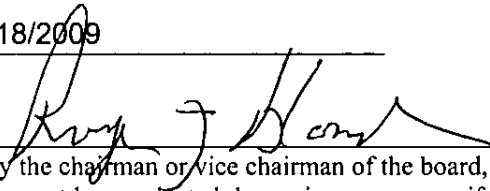
Adoption of Amendment(s)

(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 05/18/2009

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)

ROGER J BLOUCH

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)