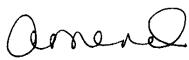
## N090000003970

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TALL AHASSEF. FLORID

BOR 11/12/10

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: REFUGE FO	R THE ABUSED, INC.	
DOCUMENT NUM	BER: N09000002970		
The enclosed Articles	s of Amendment and fee are sul	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
<del> </del>		la Nelson	
	(Name of	Contact Person)	
	CDC C	Consulting Firm	
	(Firn	n/ Company)	·
	PO	Box 9632	
	<del></del>	Address)	
		dale, FL 33310	
	(City/ Sta	te and Zip Code)	
<del></del>		99@netzero.com ed for future annual report notific	ation)
For further information	on concerning this matter, pleas	e call:	
Eula Nelson		at ( 954 <sub>)</sub> 309-428	30
(Name	of Contact Person)		me Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departmen	t of State:
<b>✓</b> \$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)
	ng Address adment Section	Street Address Amendment Section	,
	ion of Corporations	Amenament Section Division of Corporation	ons
P.O. 1	Box 6327	Clifton Building	
i allal	hassee, FL 32314	2661 Executive Cente	r Circle

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

FILED

•	of	7010 MUA - 6 WW . 6: 18
Refuge Fo	or The Abused Inc.	SECRETARY OF STATE TALLAHASSEE. FLORIDA
		pt. of State)
	9000002970	<del> </del>
(Document Nu	umber of Corporation (if known)	
Pursuant to the provisions of section 617.100e ne following amendment(s) to its Articles of		ot For Profit Corporation adopt
a. If amending name, enter the new name	of the corporation:	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"		
B. Enter new principal office address, if ar	nnlica hle:	
Principal office address <u>MUST BE A STRE</u>		
C. Enter new mailing address, if applicab		
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)	
	<del></del>	
D. If amending the registered agent and/or	r registered office address in Flo	rida, enter the name of the
new registered agent and/or the new reg		
Name of New Projectors of Account		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street addre	ss)
		, Florida
	(City)	(Zip Code)
Iour Dogistanad Agantha Siamatura (S. d	aina Danistanad America	
New Registered Agent's Signature, if change hereby accept the appointment as register position.		and accept the obligations of th
	Signature of New Registered Age	ent 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
P/D	Ann M. Gillespie	11462 Tuscanny Ave. Spring Hill, FL 34608	☑ Add □ Remove
S/D	Kerry Clarke	10238 NW 33rd ST Coral Springs, FL 33068	☑ Add ☐ Remove
T/D	Hazel Henry	12878 SW 47th ST Miramar, FL 33027	
(attach a	ding or adding additional Articles, of additional sheets, if necessary). (Be a Article III - Purpose	enter change(s) here: specific)	
This corp	oration is organized exclusively	for Charitable and Educational	purposes as
specified	in Section 501(c)(3) of the Inter	nal Revenue Code.	
ADD- Arti	icle IX - Dissolution Provisions		
Upon the	dissolution of the organization,	assets remaining after settleme	nt of all
liabilities,	shall be distributed for one or n	nore exempt purposes within the	meaning of
Section 5	601(c)(3) of the Internal Revenue	e Code, or corresponding Section	on of any future
Federal t	ax code, or shall be distributed t	to the federal government, or to	a state or local
governm	ent, for a public purpose. Any s	uch assets not disposed of, sha	all be disposed
of by the	Court of Common Pleas of the	County in which the principal of	fice of the
organizat	tion is then located, exclusively	for such purposes or to such org	ganizations
operated	and organized for such purpose	es.	
	**************************************		

## Officers and Directors Cont'd

<u>Title</u>	<u>Name</u>	Address	Action
D	Jubert Gillespie	11462 Tuscanny Ave. Spring Hill, FL 34608	* Add
D	Horace McCaskill	1203 Spring Creek LN Sandy Spring, GA 30350	* Add

The date of each amendment(	s) adoption: October 18, 2010
, ·	(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.
Dated	1-2-10
have	he hairman 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)
	Ann M. Gillespie
	(Typed or printed name of person signing)
	President
	(Title of person signing)