N0900005321

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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10 DEC 27 PM 1: 29
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: Serenity Quest Foundation | | | | |
|--|--|--|---|--|
| DOCUMENT N | JMBER: N0900005321 | | | |
| The enclosed Arti | cles of Amendment and fee are subm | itted for filing. | | |
| Please return all c | orrespondence concerning this matter | to the following: | | |
| _ | | Delaney | <u>.</u> | |
| | (Name of C | ontact Person) | | |
| _ | Serenity Qu | est Foundation | | |
| | (Firm/ C | Company) | | |
| | 3765 W | Warbler St | | |
| _ | (Address) | | | |
| | Lecanto. | FL 34461 | | |
| | | and Zip Code) | | |
| | 0 - 1 - 1 | | | |
| | | @gmail.com or future annual report notificati | on) | |
| For further inform | ation concerning this matter, please c | all: | , | |
| | , , , , , , , , , , , , , , , , , , , | | | |
| Pamela Delane | ey . | at (727) 688-5005 | | |
| (Na | me of Contact Person) | at (727) 688-5005 (Area Code & Daytime | Telephone Number) | |
| Enclosed is a chec | k for the following amount made pay | able to the Florida Department o | f 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) | |
| Ā D | ailing Address mendment Section vision of Corporations O. Box 6327 | Street Address Amendment Section Division of Corporations Clifton Building | , | |

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



| Articles of Incorporation of | 10 DEC 27 PM 1: 29 |
|---|--------------------------|
| Serenity Quest Foundation | INC. MILLAHASY CARE |
| (Name of Corporation as currently filed with the Flor | INC. MLLAHASSEE. FLORIDA |
| N09000005321 | Т |
| (Document Number of Corporation (if kr | nown) |

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:

| he new name must be distinguishable and contain the wo bbreviation "Corp." or " Inc." <u>"Company" or "Co." may</u> | | |
|--|------------------------|-------|
| . Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> | Σ) | |
| . Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 3765 W. Warble | er St |
| | | |
| | Lecanto, FL 34 | 461 |
| . If amending the registered agent and/or registered off new registered agent and/or the new registered office | ice address in Florida | |
| | ice address in Florida | |
| new registered agent and/or the new registered office Name of New Registered Agent: | ice address in Florida | |

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> | Name | Address | Type of Action |
|--------------|---|---------------------------------------|--|
| 0 | Norrean Goal | 2033 AARON PLACE | ☐ Add ☑ Remove |
| | | Clearwater, FL 33760 | El Remove |
| <u>o</u> | THYRRICE FIJALKOWSKI | 21279 BASSETT PORT CHARLOTTE FL 33765 | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | g or adding additional Articles, enter c | hange(s) here: | |
| ` | ional sheets, if necessary). (Be specific | • | |
| Amending A | rticles to include approval of Ques | t for Total Health to operate | as Massage |
| Training Cen | ter, Nutritional Supplement Store, | Educational Center, Fitness | and Exercise |
| Programs an | d Counselors, PTSD Crisis Cente | r. Quest For Total Health wi | ll incorporate the |
| S.M.A.R.T. p | rogram to both teach and execute | as its main function. | |
| | tination of Serenity Quest will be d | | support needs |
| | | | <u>, </u> |
| and services | | | |
| This amend | nent is in addition to the primary fo | ocus of Serenity Quest Found | daiton |
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| The date of each amendmen | t(s) adoption: October 1, 2010 |
|---|---|
| Effective date if applicable: | October 1, 2010 (no more than 90 days after amendment file date) |
| - | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we was/were sufficient for app | ere adopted by the members and the number of votes cast for the amendment(s) proval. |
| There are no members or adopted by the board of di | members entitled to vote on the amendment(s). The amendment(s) was/were rectors. |
| Dated_Octo | ober 1, 2010 |
| Signature | On when a Hanking |
| hav | the chairman or vice chairman of the board, president or other officer-if directors or not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary) |
| | Justina Hopkins |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |

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