

W09000009938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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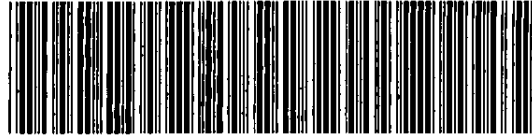
(Business Entity Name)

(Document Number)

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10 MAR 22 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVAL
AND
FILED

Handwritten signature and date 3/24/10

Mabel Jones Vision to Assisted Living, Inc.

9340 NW 36th Place

Sunrise, Florida 33351

Office-954-548-9139

FAX # 801-620-7116

TO

Internal Revenue Service
M/S 6273
Ogden, UT 84201

For

Mabel Jones Vision to Assisted Living, Inc.
9340 NW 36th Place
Sunrise, Florida 33351

To whom it my concern

On October 13, 2009, Mable Jones Vision to Transitional Living, Inc., registered in the State of Florida as a Not-for-Profit Corporation. Since that time the Board of Directors considered that a name change was necessary. This change was brought before all board members and a motion duly made, second and the vote was unanimous. The new corporate name is Mabel Jones Vision to Assisted Living, Inc. The necessary filing with the IRS concerning our Employer Identification Number has been submitted, and we await the new approval letter.

We are asking that you honor our request and make the necessary changes to your files. If you have any questions concerning this matter, please do not hesitate to call me at 954-323-4320.

Sincerely,



Angela C. Archie
Director and President

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Mabel Jones Vision to Transitional Living, Inc.

DOCUMENT NUMBER: N09000009938

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

Please return all correspondence concerning this matter to the following:

Angela C. Archie
(Name of Contact Person)

(Firm/ Company)

9340 NW 36th Place
(Address)

Sunrise, Florida 33351
(City/ State and Zip Code)

jaylean2002@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela C. Archie at (954) 548-9139
(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:

- | | | | |
|------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Mabel Jones Vision to Transitional Living, Inc.

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

N09000009938

(Document Number of Corporation (if known))

APPROVED
AND
FILED
10 MAR 22 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Mabel Jones Vision to Assisted Living, Inc.

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**)

N/A

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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:

N/A

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.

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>	<u>Address</u>	<u>Type of Action</u>
VP	Angela C. Archie	9340 NW 36th Place Sunrise, Florida 33351	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
SD	Zaysha Clark	9340 NW 36th Place Sunrise, Florida 33351	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

The purpose of this corporation is to provide a lifestyle of empowerment to young adults who lack the opportunity to develop and grow in a family or community setting.

We plan to provide a safe place for each young adult, and introduce skills conducive for a productive lifestyle in any community. We strive for a new life of Independence and Sufficiency.

The date of each amendment(s) adoption: February 4, 2010

Effective date if applicable: February 4, 2010 ^(date of adoption is required)
(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 February 4, 2010

Signature Angela C. Archie
(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)

Angela C. Archie
(Typed or printed name of person signing)

Director and President
(Title of person signing)