

N100000000282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

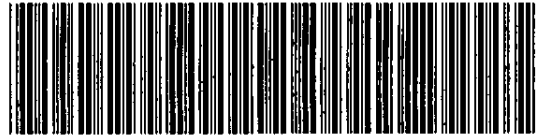
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

05/24/10--01024--022 **43.75

2010 MAY 24 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DR
5/25/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FBH FAMILY VISIONS, INC.

DOCUMENT NUMBER: N10000000282

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

Please return all correspondence concerning this matter to the following:

BARBAR H. MILLS

(Name of Contact Person)

FBH FAMILY VISIONS, INC.

(Firm/ Company)

314 11TH STREET

(Address)

WEST PALM BEACH, FL 33401

(City/ State and Zip Code)

BMILLS@FBHFAMILY.ORG

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

For further information concerning this matter, please call:

BARBARA H. MILLS

(Name of Contact Person)

at (561) 629-5094

(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

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SECRETARY OF STATE

WALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

A. If amending name, enter the new name of the corporation:

B. Enter new principal office address, if applicable:

2420-A EAST TAMARIND AVE

WEST PALM BEACH, FL

33407

(Mailing address MAY BE A POST OFFICE BOX)

314 11TH STREET

WEST PALM BEACH, FL 33401

Name of New Registered Agent:

N/A

(Florida street address)

_____, Florida _____
(City) (Zip Code)

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 3

- **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>
<u>VP</u>	<u>ADDIE WALKER</u>	<u>108 HEATHERWOOD DR</u> <u>ROYAL PALM BEACH, FL</u> <u>33411</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>ALICIA C. HARRIS</u>	<u>108 HEATHERWOOD DR</u> <u>ROYAL PALM BEACH, FL</u> <u>33411</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>ALICE K. WARD</u>	<u>909 CAROLINA AVENUE</u> <u>CLEWISTON, FL 33963</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

N/A

• The date of each amendment(s) adoption: MARCH 1, 2010
(date of adoption is required)
Effective date if applicable: MARCH 1, 2010
(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 MARCH 1, 2010

Signature Barbara H. Mills
(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)

BARBARA H. MILLS
(Typed or printed name of person signing)

CEO/PRESIDENT
(Title of person signing)