N1000005978

(Requestor's Name)
(requestors rearrie)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2011 JUH 13 AM 8: 4.
SECRETARY OF STATE

Amend Brown

6-16-11

COVERLETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	FAMILY SAFE HAVEN, INC	<u> </u>
DOCUMENT N	UMBER:	N10000005978	
The enclosed Anti	icles of Amendment and fe	e are submitted for filing.	
Please return all o	orrespondence concerning	this matter to the following:	
		KEISHA QUALLO	
		Name of Contact Person	
	FA	MILY SAFE HAVE, INC.	
		Firm Company	
		PO BOX 163185	
		Address	
	ALTAM	IONTE SPRINGS, FL 32716	
		City/ State and Zip Code	
	familysaf	ehaveninc@gmail.com sed for future annual report notification)	
For further inform	ation concerning this matte	r, please call:	
		at (561) 212-	
Name	e of Contact Person	Area Code & Daytime Telepho	ne Number
Enclosed is a chec	k for the following amount	made payable to the Florida Departmen	nt of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mailing A</u> Amendme		Street Address Amendment Section	
	Corporations	Division of Corporations	
P.O. Box 6	-	Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	
		Tallahassee, FL 32301	



May 13, 2011

KEISHA AUALLO FAMILY SAFE HAVEN INC. PO BOX 163185 ALTAMONTE SPRINGS, FL 32716

SUBJECT: FAMILY SAFE HAVEN INC.

Ref. Number: N10000005978

We have received your document for FAMILY SAFE HAVEN INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6925.

Letter Number: 111A00011951

Teresa Brown Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

	FII
SCOTT	FILED
ALLAHASA	YOF STATE
	E. FLORICA

Family Safe Haven Inc.	ASSEE FS LAN
(Name of Corporation as currently filed with the Florida Dept. of State)	- CORIO
N1000005978	
(Document Number of Corneration (if known)	

(Document Number of C	orporation (if know	wn)	
Pursuant to the provisions of section 617.1006, Florida the following amendment(s) to its Articles of Incorporat		da Not For Pr	ofit Corporation adopts
A. If amending name, enter the new name of the cor	poration:		
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co."			rporated" or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	<u></u>	•	
C. Enter new mailing address, if applicable:	542 Sab	al Polm Cira	·
(Mailing address <u>MAY BE A POST OFFICE BOX</u>		al Palm Circ	
	Altamon	te Springs, F	-L 32701
D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent:		ı Florida, ente	er the name of the
Name of New Registered Agent.	· · · · · · · · · · · · · · · · · · ·		-
New Registered Office Address:	(Florida street a	ddress)	-
	(7)		, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. position.		ith and accept	t the obligations of the
Signature	of New Registered	Agent, if chan	nging

removed a	ng the Officers and/or Directors, end title, name, and address of each ditional sheets, if necessary)		
<u>Title</u>	Name	<u>Address</u>	Type of Action
Or Service Service Address			
			
			Add Remove
(attach a Corporate scientific that quali	ding or adding additional Articles additional sheets, if necessary). (Be Purposes/Article III to state: Superposes, including for such purposes, including for such purposes of the purposes o	e specific) Said corporation is organize urposes, the making of dist der section 501(c)(3) of the	tributions to organizations
Specific p	urpose is to prevent violence a	against families in difficult o	custody situations.
·			
 			
			

The date of each amendmen	t(s) adoption: 05/01/2011
Effective date <u>if applicable</u> :	(date of adoption is required) 06/01/2011
	(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_06/0	1/2011
Signature	All walls.
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)
	Keisha Quallo
	(Typed or printed name of person signing)
	President
	(Title of person signing)