110000008311

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Amend 194/11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: The VILLAGE	e of ONE CORPORA	⊓∽
DOCUMENT NUM	IBER: <u>N 1 00000 0 5</u>	5 367	
The enclosed <i>Article</i>	s of Amendment and fee are sub	mitted for filing.	
Please return all corr	espondence concerning this matt	er to the following:	
	YOLANDA M. (Name of	HONEY CUT	
_	The Village of	F ONE, CORPORA (Company)	1700
	2502 SW KEN	Nwoern Street	
	PORT St. Lu (City/Stat	e and Zip Code)	3
	INFO The SEAS E-mail address: (to be used	I for future annual report notifica	ation)
For further informati	on concerning this matter, please	call:	
HOUGHTO (Name	on D. Flancis of Contact Person)	at (77	e Telephone Number)
Enclosed is a check t	or the following amount made pa	ayable to the Florida Department	of State:
□\$35 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	r Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 1, 2010

YOLANDA M. HONEYCUTT THE VILLAGE OF ONE CORPORATION 2502 SW KENILWORTH STREET PORT SAINT LUCIE, FL 34953

SUBJECT: THE VILLAGE OF ONE, CORPORATION

Ref. Number: N10000008367

We have received your document for THE VILLAGE OF ONE, CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 710A00027900

PORRECTIONS INCLOSED

RECEIVED

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SECREPANCE OF STATE
TALLAHASSEE OF STATE

Articles of Amendment

to

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A	rticles	OT.	Incor	norati	On
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of	012 S.
The Village of (DNE CORPORATION 1/03/03/03/03/03/03/03/03/03/03/03/03/03/
(Name of Corporation as currently filed with	
N1000000836	·7 9/4
(Document Number of Corpora	tion (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	• •
A. If amending name, enter the new name of the corporation	<u>ın:</u>
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no	t be used in the name.
B. Enter new principal office address, if applicable:	2502 Sio KEUILWORTH Street
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	PORT Saint Lucie, FL 34953
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2502 Sw KENILWARTH Street PORT Saint Lucie, FL 34953
	PORT Saint Lucie, FL 34953
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent:	SW KENILWORTH Street
<u> </u>	SW KENIWORTH Steet
New Registered Office Address: (Flor	ida street address)
Port St.	nt lucie, Florida 34953 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I amposition.	Samiliar with and accept the obligations of the
Signature of New	Registered Agent, if changing

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>	Type of Action
	Cent <u>VOLANDA M. H</u>	1220 - Gh	KENLWORTHSTE Add + Lucie, Fr □ Remove
Vice P.	Resident HONGHTON D.	Francis SAME	Z Add ☐ Remove
			· Add Remove
(attac	nending or adding additional ash additional sheets, if necessary	Articles, enter change(s) here: y). (Be specific)	
			,-

Article Correction

The Village of ONE Corporation Culinary Externship program is designed to provide Culinarians with a variety of contemporary skills utilized within a professional kitchen. Students participate in a menu and recipe development, American and International Cuisine, culinary skills development, kitchen sanitation and safety, nutrition and supervision and baking. The program provides students with the technical knowledge and skills for employment as entry level cooks, bakers and/or food preparation workers in the hospitality, commercial foods and culinary arts industry. Instruction includes a combination of classroom theory and practical experience in our full service restaurant.

Said organization is organized exclusively for charitable purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Notwithstanding any other provisions of these articles, this organization shall not carry on any activities not permitted to be carried on by an organization exempt from Federal income tax under section 501 (c) (3) of the Internal Revenue Code of 1986 or corresponding provision of any future United States Internal Revenue law.

Upon the dissolution of the corporation: Assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court, with jurisdiction of the county in which the principal office is located.

Address Correction

2502 SW Kenilworth Street, Port Saint Lucie, Florida 34953

Officer Correction

President: Yolanda M Honeycutt (Address listed Above)

Vice-President: Houghton D. Francis (Address Listed Above)

The date of each amendment(s) adoption: (date of adoption is required) Effective date if applicable: (no more than 90 days after amendment file date)
(date of adoption is required)
Effective date if applicable: 1 A Day 7, 201((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.
Signature (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)
(Typed or printed name of person signing)
(1 yped or printed name of person signing)
President
(Title of person signing)