N10000009458

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(====,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,
·

Office Use Only



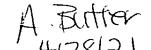
600359845946

02/28/21--01024--919 **48.75

FILED

2021 FEB 26 PM 6: 11

SECRETARY OF STATE
TANK OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

Open Arms Institute of Fort Pierce NAME OF CORPORATION:	. Inc
N10000009458 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filin	
Please return all correspondence concerning this matter to the following	wing:
Loretta Gibbons	
(Name of Co	ntact Person)
Open Arms Institute of Fort Pierce, Inc	
(Firm/ C	ompany)
2015 S 13th St	
(Add	ress)
Fort Pierce, FL 34950	
(City/ State a	nd Zip Code)
loretta.gibbonsoa@gmail.com	
E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter, please call:	
Loretta Gibbons	772 489-4800 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the F	lorida Department of State:
☐ \$35 Filing Fee ■\$43.75 Filing Fee & ☐\$43.75 Fili	opy Certificate of Status

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

FILED

Open Arms Institute of Fort Pierce, Inc. 2021 FEB 26 PM 6: 12 (Name of Corporation as currently filed with the Florida Dept. of State) N10000009458 SECRETARY OF STATE (Document Number of Corporation (if khali LAHASSEE, FL 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: N/A 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: (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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer, CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>\$</u>	Betty Moore	2015 S 13th St Fort Pierce, FL 34950
xRemove			
2) Change Add	<u>V</u>	Barbara Dunniyant	2015 S 13th St Fort Pierce, FL 34950
X Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	

Effective date if applicable: (no more than 90 days after ame.	ndment file date)
Effective date if applicable:	
The date of each amendment(s) adoption:	if other than th
, - · · · · · · · · · · · · · · · · · ·	

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

adopted by the bo	2/15/2021
Dated	
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)
	BEBE OWEN
	(Typed or printed name of person signing)