N 1000010605

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of 1/21/2023

COVER LETTER

TO: Amendment Section Division of Corporations

Mission 180 NAME OF CORPORATION:	, Inc.
N10000010605	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Jeff McSpaddin	
	(Name of Contact Person)
Mission 180, Inc.	
	(Firm/ Company)
14286 NW Joe Chason Circle	
	(Address)
Bristol, FL 32321	
	(City/ State and Zip Code)
jmcspaddin@msn.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matte	r, please call:
Jeff McSpaddin	850 643-8782
(Name of Contac	t Person) (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 Certificate of	
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

2023 JAN 27 /

Mission 180, Inc.

(Name of Corporation as currently filed with the Florida I	Dept. of State)	TALLAHASS
N10000010605		PALLIANASS
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Corpor</i>	ation adopts the following
A. If amending name, enter the new name of the corporat	i <u>on:</u>	
The Dwelling Place Bristol, Inc.		The new
name must be distinguishable and contain the word "corpora: "Company" or "Co," may not be used in the name.	tion" or "incorporated" or the abbrev	iation "Corp." or "Inc."
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 offinew registered agent and/or the new registered office a		e of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address	y)
	,	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the obligations	of the position.
Si	ignature of New Registered Agent, if ch	hanging

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 = Ch. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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. The 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 Chamike 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 X Add	<u>D</u>	Michael Collins	12958 NW Collins Hill Lane Bristol, FL 32321
Remove			
2) Change Add	<u>D</u>	Derringer Edwards	19867 NW CR 67 Bristol, FL 32321
Remove 3) Remove X Add Remove	<u>D</u>	Jordan Hobbs	11452 NW Caylyn Dr Bristol, FL 32321
4) Change Add	D	John Hosford	22947 NE Kent Road Hosford, FL 32334
Remove 5) Change	D	Earnest W. Sumner	18634 NE Old Blue Creek Road Hosford, FL 32334
6) Change Add			
E. If amending or adding (attach additional shee	ig additional Arti is, if necessary).	cles, enter change(s) here: (Be specific)	

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te this document was signed.		
fective date <u>if applicable</u> :	±.	
	(no more than 90 days after amendment file date)	
ote: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the a	mendment(s)

Dated	1/22/23
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)
	Jeff McSpaddin
	(Typed or printed name of person signing)
	Secretary/Treasurer/Incorporator
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.