# N10000010688

(R	equestor's Name)			
(A	ddress)			
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(C	ity/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				





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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Housing Lecovery Corp. (Original Name)
(Brighal Name)
DOCUMENT NUMBER: N/0000/0688  (on that loe. #)  The enclosed Articles of Amendment and fee are submitted for filing.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Julie Kittams
New Name): (Name of Contact Person)
Operation Sterilization Ontreach Services, Inc. (Firm/Company)
(Firm/ Company)
731 S.W. Altan Circle (Address)
(Address)
Manual Control of Control
Mort Saint Lucie FL 34953 (City/ State and Zip Code)
Julie Kittams @ hotmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
T 11 1/1/12 1 (000) 217 1/1/19
Tulie Ki Hams at (503) 317-4247  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(a a
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee
Certificate of Status Certified Copy Certificate of Status  (Additional copy is Certified Copy
enclosed) (Additional Copy is
Enclosed)
22 W 4 22

### **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



August 31, 2016

JULIE KITTAMS / OPERATION STERILIZATION OUTREACH SERVIC 731 SW ALTON CIRCLE PORT ST LUCIE, FL 34953 US

SUBJECT: HOUSING RECOVERY CORP.

Ref. Number: N10000010688

We have received your document for HOUSING RECOVERY CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We do not file your bylaws and you can not file new articles of incorporation. You can file amended and retated articles of incorporation or you can file the amendment. Please do not send in two sided documents. We do not scan two sided documents.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 316A00018588

Carolyn Lewis
Regulatory Specialist II

www.sunbiz.org



October 25, 2016

JULIE KITTAMS / OPERATION STERILIZATION OUTREACH SERV 731 SW ALTON CIRCLE PORT ST LUCIE, FL 34953 US

SUBJECT: HOUSING RECOVERY CORP.

Ref. Number: N10000010688

We have received your document for HOUSING RECOVERY CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You still have the bylaws mentioned in the amended and restated articles. Also you did not add the changes you need to make to the company in the amended and restated. You can not add the amendment to the amended and restated. You can file them separetly or you add it to the amended docment. Also you referred to the new name in the amended and restated and you cannot do that. You will have to change the name first the old name and then the new name. You can't use the abreviation for the name the name must be spelled out. You must completely remove bylaws from the document.

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) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 916A00022866

## Articles of Amendment to Articles of Incorporation

	of	OVER THE CONTRACTOR
Housing Recovery	Corp. currently filed with the Florida Dept. of State)	Ann an a Con Map (in
(Name of Corporation as	currently filed with the Florida Dept. of State)	2016 OCT 25 PM 1: 55
N 100000 106	388	
	t Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For Profit Corporation a	dopts the following
A. If amending name, enter the new name of the co	orporation:	
Operation Sterilization	n Dutreach Services Inc.	The new
Operation Stenitization name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	corporation" or "incorporated" or the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADL</u>	Port Saint Lucie, F	-2
	349	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	X) 731 S.W. Alton Circ Port Saint Lucie, FZ	le
	Port Sum more Pr	,
•	3495	53
D. If amending the registered agent and/or register new registered agent and/or the new registered		<u> </u>
Name of New Registered Agent:	Julie Kittams	
_	73/ S.W. Atton Circle (Florida street address)	·
New Registered Office Address:	(Florida street address)	
	Port Saint Lucre, Florida (City), Florida	34953
<del>-</del>	(City) (Zip)	Code)
New Registered Agent's Signature, if changing Reg	istered Agent:	
hereby accept the appointment as registered agent.		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	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	TS	Jan Dalcorso	6694 SW Busch 57.
Add		,	Palm City, FZ
Remove			34990
2) Change	<u> P</u>	Julie Kittams	4862 SEAncher Are.
★ Add	·		Unit #4
Remove			Street, FZ 34997
3) Change	_D_	Richard Weiss	17440 SE Conch Bay Are.
Add			Tegreste, Fi
Remove	•	•	33469
4) Change	D	Gustavo Berger	4557 MW Red Bay Cincu
Add ·		V	Jensey Beach, Fi
Remove			34957
5) Change	V	Sortt Coccoli	731 Sw. Atton Cince
<u></u> ★ Add			Port Saint Lucie, FZ
Remove			34953
S) Change	<u>D</u>	Sea Matthews	1624 14th Ave. Vero Berch, FL
Add			Vero Beach, FL
Remove			32960

If amending or adding additional Articles (attach additional sheets, if necessary). (B	Be specific)					•
• •	•	,	•			
Attached:						
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Attachment

#### ARTICLE I - PURPOSES

General. The purposes for which Operation S.O.S. is organized are:

Section 1. The Purpose of Operation S.O.S. is to provide veterinary care to very low to moderate income families or individuals. Education is to be provided for humane pet ownership. It is our intent to lessen the burden of private and government Animal Shelters in their mission to provide animal care relief to the underserved and distressed of our communities, while joining together to combat pet overpopulation.

Section 2. Opeartion S.O.S. is organized and shall be operated exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code") or the corresponding section of any future federal tax code.

Section 3. To engage in any and all lawful activities incidental to the foregoing purposes, except as otherwise restricted herein.

Section 4. <u>Powers.</u> Operation S.O.S. is a non-profit corporation and shall have all of the powers, duties, authorizations and responsibilities as provided in the Florida Non-Profit Corporation Act; provided, however, Operation S.O.S. shall neither have nor exercise directly or indirectly in any activity, that would invalidate its status as a corporation that is exempt from federal income taxation as Operation S.O.S. described in Section 501(c)(3) of the Code.

FEI Nu. 27-3871496

The date of each amer date this document was		, if other than the
Effective date if applie	signed.  Ayust 26, 20/6  (no more than 90 days after amendment file.	detal
document's effective da	ed in this block does not meet the applicable statutory filing require on the Department of State's records.	
Adoption of Amendme	ent(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast tor approval.	t for the amendment(s)
adopted by the bood Dated  Signature	August 15, 2016	er officer-if directors receiver, trustee, or
	President	·····
	(Title of person signing)	