

2011000001063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

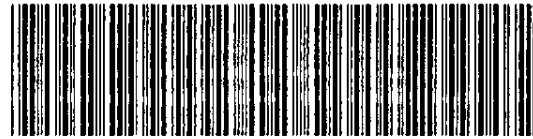
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200198363012

03/21/11--01025--024 \*\*35.00

11 APR 14 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

APPROVED  
AND  
FILED

*[Handwritten signature]*  
4/14/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** RESTORATIONS UNLIMITED CDC, INC.

**DOCUMENT NUMBER:** N11000001063

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BETTY THOMAS

(Name of Contact Person)

RESTORATIONS UNLIMITED CDC. INC.

(Firm/ Company)

2501 WEST MAIN STREET. STE. 101

(Address)

LEESBURG, FLORIDA

(City/ State and Zip Code)

raise4u@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BETTY THOMAS

(Name of Contact Person)

at ( 352 ) 516-9860

(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 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)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2011

BETTY THOMAS  
2501 W MAIN ST STE 101  
LEESBURG, FL

SUBJECT: RESTORATIONS UNLIMITED (CDC), INC.  
Ref. Number: N11000001063

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

THE FIRST PAGE OF THE AMENDMENT IS MISSING

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) 245-6957.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 511A00006995

RECEIVED

11 APR 14 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

**RESTORATIONS UNLIMITED CDC, INC.**

(Name of Corporation as currently filed with the Florida Dept. of State)

**N11000001063**

(Document Number of Corporation (if known))

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:**

**SAME**

*The new 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**)

**2501 MAIN STREET, STE 101**

**LEESBURG, FL 34748**

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**P.O. BOX 61**

**FRUITLAND PARK, FL 34731**

**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:

**ROBIN JENKINS**

**12060 MAGAZINE STREET 5206**

New Registered Office Address:

(Florida street address)

**ORLANDO**

(City)

Florida **32828**

(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

APPROVED  
FILED  
17 APR 14 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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>	<u>Type of Action</u>
	none		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

Article IX Under penalties of perjury, I declare that I have examined this information including accompanying documents, and to the best of my knowledge and belief the information contains all relevant facts relating to the request of the information, and such facts are true, correct, and complete.

Article X Said organization is organized exclusively for charitable, religious, educational and scientific purposes including such purposes, the making of distribution to organizations that qualify as exempt organizations under 501 c 3 of the Internal Revenue, or corresponding section of any future tax code.

Article XI Upon dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 c 3 of the Internal Revenue Code, or corresponding section of any future tax code, or shall be distributed to the federal government, or to a state or local government, for public purpose.

Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

The date of each amendment(s) adoption: 3/18/2011  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(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.

Dated 3/18/2011

Signature Betty Thomas  
(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)

Betty Thomas  
(Typed or printed name of person signing)

President  
(Title of person signing)