## N110000004016

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SECRETARY OF STATE

APPROVED

C. LEWIS

APR 21 2014

EXAMINER

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Faithworld	Center of Po	rt St. Lucie, Inc.		
DOCUMENT NUMBER: N11000004	016			
The enclosed Articles of Amendment and fee are subm	nitted for filing.			
Please return all correspondence concerning this matte	er to the following:			
Eric V. Hires, Esq.				
	(Name of Contact Person	)		
The Law Office of Eric V	. Hires, LLC	•		
	(Firm/ Company)	,		
P.O. Box 568943		/		
	(Address)			
Orlando, FL 32856				
	(City/ State and Zip Code	)		
Eric@HiresLegal.com				
E-mail address: (to be used	-	iotification)		
For further information concerning this matter, please	call:			
Eric V. Hires	<sub>at</sub> 407	841-1902 de & Daytime Telephone Number)		
(Name of Contact Person)	` (Area Co	de & Daytime Telephone Number)		
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:		
\$35 Filing Fee \$\text{Certificate of Status}\$	S43.75 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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle issee, FL 32301		

## The Law Office of Eric V. Hires, LLC

2739 Taylor Avenue, Orlando, Florida 32806 www.HiresLegal.com Tax ID: 30-0477795

Eric V. Hires, Attorney at Law

Florida Supreme Court Certified Circuit Civil Mediator Certified NFLPA Contract Advisor Eric@HiresLegal.com

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Alicia D. Eason

Legal Assistant Alicia@HiresLegal.com

April 9, 2014

Department of State Division of Corporations Amendment Section P.O. Box 6327 Tallahassee, FL 32314

RE: Articles of Amendment to Articles of Incorporation

Please direct all mail to: Post Office Box 568943

Orlando, FL 32856-8943

Telephone: 407.841.1902

Facsimile: 407.841.1906

Toll Free: 866.934.ERIC

Faithworld Center of Port St. Lucie, Inc.

Dear Dept. of State:

Pursuant to Florida Statute §617.1006, I include my check in the amount of \$43.75, representing payment for Amendment to Articles of Incorporation for Faithworld Center of Port St. Lucie, Inc., with the original documents and requisite number of copies.

Also, for this entity I have included payment of \$8.75, for a Certificate of Status. Please let me know if you require anything further.

Thank you for your assistance. Please do not hesitate to contact me should you have

any questions.

Eric V. Hires

EVH/tbm cc: FWC Enclosures 088480

APPROVED AND FILED

## Articles of Amendment to Articles of Incorporation of

14 APR 14 PM 3:30

SECRETARY OF STATE TALLAHASSES, FLORIDA

Faithworld Center of Port St. L	ucie, Inc.	ELMIMOOLL F LINNE
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	<del></del>
N11000004016		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corpora	ation adopts the following
A. If amending name, enter the new name of the corporat	tion:	
N/A		The new
name must be distinguishable and contain the word "corpora	ition" or "incorporated" or the abbrev	iation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	NI/A	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	)	
		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	ce address in Florida, enter the name	of the
Name of New Registered Agent: N/A		
	(Florida street address)	
New Registered Office Address:	,	
	, Florida	
(City)		(Zip Code)
Navy Desintaned Agentle Signature of should be Dark to a		,
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	of the position
		2 . E

Page 1 of 4

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>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>D</u>	Nieves, Luis	2902 SW Boxwood Circle
Add			Port St. Lucie, FL 34953
X Remove			
2) Change	D	Alleton Ricks	P.O. Box 620244
$X_{Add}$			Oviedo, FL 32762
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	<del></del>		
Remove			
6) Change			
_			
Add		•	
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
(anach additional sheets, y necessary).	(Be specific)			
N/A				
· · · · · · · · · · · · · · · · · · ·				

APPROYEU AND FILED

The date of each amendment(s) date this document was signed.	adoption: March 19, 2014	14 APR 14 PH 3: 30	_, if other than the
Effective date if applicable:	/larch 19, 2014	SECRETARY OF STATE	
	(no more than 90 days after amend		_
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of oval.	votes cast for the amendment(s)	
There are no members or me adopted by the board of dire	embers entitled to vote on the amendment(s).  ctors.  4/8/14	The amendment(s) was/were	
Signature			
have not	airman or vice chairman of the board, preside been selected, by an incorporator – if in the rt appointed fiduciary by that fiduciary)		
Diane P	Parker Plane Pa	hlee	
Director	The factor	KOR	
	(Title of person signing)		