110000000013

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





200245691602

03/22/13--01010--009 **35.00

SECRETARY OF STATE



COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Second Chance Boxer Rescue	Inc
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following: (Name of Contact Person)	
f (Name of Contact Person)	
Second Chance Boxer Resue Inc.	
(Firm/ Company)	
6106 W. Knights GWFin Road	
Part City Fe 33565 (City/ State and Zip Code)	
/ (City/ State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (813) 263 6450 (Area Code & Daytime Telephone Num	mber)
<i>—————————————————————————————————————</i>	,
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301



RECEIVED

13 APR 12 AM 8: 10

DESCRIPTIONS
TALL AMASSAE, FLORIDA

March 27, 2013

BILL GRAY 6106 W KNIGHTS GRIFFIN RD PLANT CITY, FL 33565

SUBJECT: DIVINE DESTINY MENTORING INC

Ref. Number: N1200000012

We have received your document for DIVINE DESTINY MENTORING 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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The date of adoption of each amendment must be included in the document.

Please have an officer or director sign the Amendment.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 413A00007284

Articles of Amendment to

Articles of incorporation
Divine Destini Mentoring Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
(12000001)
(Document Number of Corporation (if known)
(Document (Value of Corporation (II known))
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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) Plact City FL 33565
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Plant C. Y, Fr. 33565
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: Kill Gruy
6106 W. Knights Griffin Road (Floridd street address)
New Registered Office Address: Paut City, Florida 33565 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I application with and accept the obligations of the position. Signature of New Registered Agent, if changing
Page 1 of 4

SECKE SECKE FILED 2013 APR 12 AH 9: 25

ge 1 01 4

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>	<u>n Doe</u> ke Jones ly Smith	Q na	mestion: Must Uresses appea	directors
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	Jonates J
Change Add Remove	D	JoanKau	tz Ellis	6224 Yellowto Lakewood K	Drive auch, FL 3/202
2) Change					
Remove 3) Change Add					
Remove 4) Change					
Add Remove					
5) Change Add Remove					
6) Change					
Remove					

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
•	
•	
* ***	

The date of each amendment(s)	adoption: 4-9-20/3	
Effective date <u>if applicable</u> :		
<u> </u>	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appro	e adopted by the members and the number of votes cast for the ame oval.	ndment(s)
There are no members or me adopted by the board of direct	embers entitled to vote on the amendment(s). The amendment(s) weeters.	ras/were
Dated	4-9-2013	
Signature	- Bel F	
	airman or vice chairman of the board, president or other officer-if	
	been selected, by an incorporator – if in the hands of a receiver, tru	istee, or
other com	ert appointed fiduciary by that fiduciary)	
-	(Typed or printed name of person signing)	
	Presiden Director	
	(Title of person signing)	