

N120000003054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

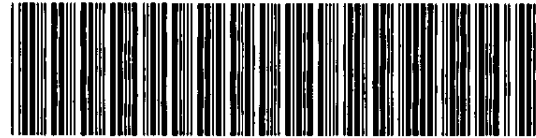
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/02/14--01002--022 **52.50

Amcl

JUL 08 2014

R. WHITE

FILED
JUL 08 2014
R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2014

KIM NACHTWEY
13435 S MCCALL RD BOX 394
PORT CHARLOTTE, FL 33981

SUBJECT: INTERNATIONAL RECOVERY MANAGEMENT, INC.
Ref. Number: N12000003054

We have received your document for INTERNATIONAL RECOVERY MANAGEMENT, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 514A00013021

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INTERNATIONAL RECOVERY MANAGEMENT, INC.

DOCUMENT NUMBER: N12000003054

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

Please return all correspondence concerning this matter to the following:

KIMBERLY D. NACHTWEY

(Name of Contact Person)

INTERNATIONAL RECOVERY MANAGEMENT, INC.

(Firm/ Company)

13435 S. McCall Road BDX 394

(Address)

PORT CHARLOTTE, FL 33981

(City/ State and Zip Code)

KIMN@NEWDAYDETOX.CO

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

For further information concerning this matter, please call:

Kim NACHTWEY

(Name of Contact Person)

at (954) 205-0505

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

FILED
14 JUL -7 PM 1:00

INTERNATIONAL RECOVERY MANAGEMENT, INC
(Name of Corporation as currently filed with the Florida Dept. of State)

N12000003054

(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:

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)

100 LINCOLN ROAD

PHL

MIAMI BCH, FL 33139

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

13435 S. MCCALL ROAD

Box 394

PORT CHARLOTTE, FL 33981

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:

KIMBERLY D. NACHTUALLY

13639 ALLAMAND CIRCLE

(Florida street address)

New Registered Office Address:

PORT CHARLOTTE

(City)

, Florida

33981

(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]
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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>TS</u>	<u>DAVID HOSKINS</u>	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change		<u>DAVID HOSKINS</u>	<u>100 LINCOLN ROAD</u>
<input type="checkbox"/> Add			<u>PH6</u>
<input type="checkbox"/> Remove			<u>MIAMI BCH, FL 33139</u>
3) <input type="checkbox"/> Change	<u>STD</u>	<u>KIMBERLY D. NACHTWEY</u>	<u>13639 ALLAMANDA CIR</u>
<input checked="" type="checkbox"/> Add			<u>PORT CHARLOTTE, FL</u>
<input type="checkbox"/> Remove			<u>33981</u>
4) <input type="checkbox"/> Change	<u>D</u>	<u>KARL BENZIO</u>	<u>108 RIDGE VIEW LANE</u>
<input checked="" type="checkbox"/> Add			<u>DOYLESTOWN, PA</u>
<input type="checkbox"/> Remove			<u>18901</u>
5) <input checked="" type="checkbox"/> Change		<u>STUART HOSKINS</u>	<u>100 LINCOLN ROAD</u>
<input type="checkbox"/> Add			<u>PH6</u>
<input type="checkbox"/> Remove			<u>MIAMI BCH, FL 33139</u>
6) <input type="checkbox"/> Change			
<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)

AMEND ARTICLE III

THE SPECIFIC PURPOSE FOR WHICH THIS CORPORATION WAS
ORIGINALLY ORGANIZED:

ESTABLISHED TO EDUCATE, CONSULT • CARE FOR THE
GLOBAL CHURCH IN RESPONSE TO THE WORLD WIDE EPIDEMIC
OF SUBSTANCE ABUSE, ADDICTIONS • MENTAL HEALTH ISSUES.
FORMING STRATEGIC ALLIANCES WITH CHURCH • MINISTRY
PARTNERS TO AFFECT CULTURE • BRING PRACTICAL SOLUTIONS
TO A HOPELESS • OSTRACIZED SEGMENT OF SOCIETY.

PLEASE MAIL ME A COPY OF THE ORIGINAL BY LAWS •
ARTICLES OF INCORPORATIONS.

The date of each amendment(s) adoption: 5.23.14, if other than the date this document was signed.

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 5.23.14

Signature [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)

KIMBERLY D. NACHTWEY
(Typed or printed name of person signing)

SECRETARY
(Title of person signing)