

N120000006259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

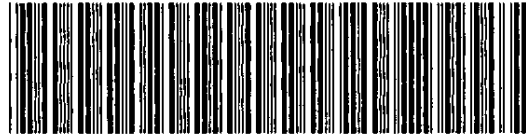
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600250560076

08/13/13--01015--001 **105.00

FILED
13 AUG 13 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

sfm 8/20/13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **PARENTS WITHOUT PARTNERS LIFE CENTER INC.**

DOCUMENT NUMBER: **N12000006259**

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

Please return all correspondence concerning this matter to the following:

JOANN R. SMITH

(Name of Contact Person)

PARENTS WITHOUT PARTNERS LIFE CENTER INC.

(Firm/ Company)

6625 MIAMI LAKES DRIVE SUITE 333

(Address)

MIAMI LAKES, FLORIDA 33014

(City/ State and Zip Code)

PWPLIFECENTER@HOTMAIL.COM

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

For further information concerning this matter, please call:

JOANN R. SMITH

(Name of Contact Person)

at **305 777-3838**

(Area Code & Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" 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

13 AUG 13 PM 4:54

PARENTS WITHOUT PARTNERS LIFE CENTER, INC.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N12000006259

(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:

PARENTING WITH A PURPOSE LIFE CENTER INC.

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)

6625 MIAMI LAKE DRIVE

SUITE 333

MIAMI LAKES, FLORIDA 33014

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6625 MIAMI LAKES DRIVE

SUITE 333

MIAMI LAKES, FLORIDA 33014

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:

JOANN R. SMITH

6625 MIAMI LAKES DRIVE SUITE 333

(Florida street address)

New Registered Office Address:

MIAMI LAKES

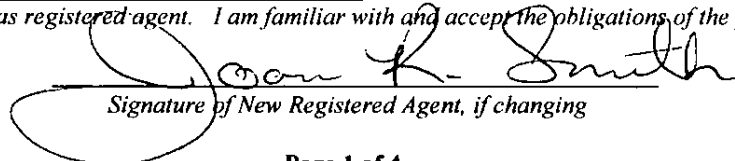
(City)

Florida 33014

(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

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PD</u>	<u>SMITH, JOANN</u>	<u>6625 MIAMI LAKES DRIVE</u> <u>SUITE 333</u> <u>MIAMI LAKES, FLORIDA 33014</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VPD</u>	<u>SELLERS, OCTRAVIER</u>	<u>6625 MIAMI LAKES DRIVE</u> <u>SUITE 333</u> <u>MIAMI LAKES, FLORIDA 33014</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>BRAGGS, MARCELL</u>	<u>6625 MIAMI LAKES DRIVE</u> <u>SUITE 333</u> <u>MIAMI LAKES, FLORIDA 33014</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>JAMES, ANNA-KAY</u>	<u>6625 MIAMI LAKES DRIVE</u> <u>SUITE 333</u> <u>MIAMI LAKES, FLORIDA 33014</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>CARGILL, DARLENE</u>	<u>6625 MIAMI LAKES DRIVE</u> <u>SUITE 333</u> <u>MIAMI LAKES, FLORIDA 33014</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

See Attached

58

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

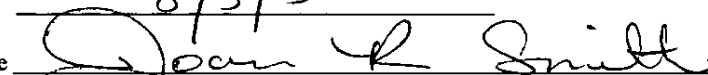
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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

Signature

8/5/13


(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)

JOANN R. SMITH

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)