

N120000009819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

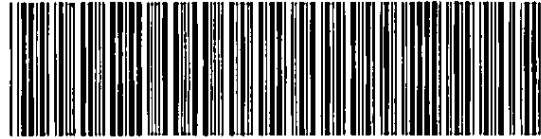
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2021 JUL 26 AM 6:20
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207 N 2ND ST
ST. PAUL, MN 55101



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUL 26 PM 2:38

July 15, 2021

ANTOSHIA REED
3429 COVE CT E
WINTER HAVEN, FL 33880 US

SUBJECT: RESTORATION DEDICATION LIFE CENTER INC.
Ref. Number: N12000009819

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a NON PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 721A00016350

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Restoration Dedication Life Center Inc.

DOCUMENT NUMBER: N12000009819

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

Please return all correspondence concerning this matter to the following:

Antoshia Reed
Name of Contact Person

Restoration Dedication Life Center Inc.
Firm/ Company

3429 Cove CT E
Address

Winter Haven, FL 33880
City/ State and Zip Code

restdlc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antoshia Reed at (863) 8776107
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Restoration Dedication Life Center Inc.

DOCUMENT NUMBER: N12000009819

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Please return all correspondence concerning this matter to the following:

Antoshia Reed
(Name of Contact Person)

Restoration Dedication Life Center Inc.
(Firm/ Company)

3429 Cove CT E
(Address)

Winter Haven, FL 33880
(City/ State and Zip Code)

restdlc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antoshia Reed at 863 877 6107
(Name of Contact Person) (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 checked="" 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
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The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

2021 JUL 26 AM 8:20

Restoration Dedication Life Center Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

N12000009819

(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:

N/A

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)

3429 Cove CT E

Winter Haven, FL 33880

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3429 Cove CT E

Winter Haven FL 33880

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:

N/A

3429 Cove CT E

(Florida street address)

New Registered Office Address:

Winter Haven

(City)

Florida

33880

(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.

N/A

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 checked="" type="checkbox"/> Change
<input type="checkbox"/> Add

<input type="checkbox"/> Remove | <u>P</u> | <u>Antoshia Reed</u> | <u>3429 Cove CT E</u>
<u>Winter Haven, FL 33880</u> |
| 2) <input type="checkbox"/> Change
<input type="checkbox"/> Add

<input checked="" type="checkbox"/> Remove | <u>VP</u> | <u>Therenna Sanks</u> | <u>1913 Angle Ave.</u>
<u>Haines City, FL 33844</u> |
| 3) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>VP</u> | <u>Keith Reed</u> | <u>1066 Spirit Lake RD.</u>
<u>Winter Haven, FL 33880</u> |
| 4) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add

<input type="checkbox"/> Remove | <u>TS</u> | <u>Melissa Jones</u> | <u>2025 Van Buren Loop</u>
<u>Auburndale FL 33823</u> |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add

<input type="checkbox"/> Remove | <u> </u> | <u> </u> | <u> </u> |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add

<input type="checkbox"/> Remove | <u> </u> | <u> </u> | <u> </u> |

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

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

Changing the purpose/mission

We shall be holy as God is Holy through Christ, to spread the love of Jesus by helping those in need: mentally, spiritually, and physically using practical skills and solutions.

N/A

The date of each amendment(s) adoption: June 1, 2021, if other than the date this document was signed.

Effective date if applicable: June 8, 2021
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

July 22, 2021

Signature

Antoshia Reed

(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)

Antoshia Reed

(Typed or printed name of person signing)

President / Executive Director / EUC

(Title of person signing)