

N12232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

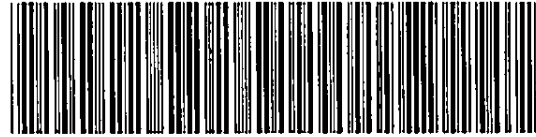
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17 SEP 27 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 28 2017

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 13, 2017

NAKIA KELLY  
INSIDEOUT COMMUNITY MINISTRIES  
4685 95TH STREET N  
ST PETERSBURG, FL 33708

SUBJECT: INSIDEOUT COMMUNITY MINISTRIES, INC.  
Ref. Number: N12232

We have received your document for INSIDEOUT COMMUNITY MINISTRIES, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 117A00018588

RECEIVED  
17 SEP 27 PM 12:14  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Insideout Community Ministries Inc.

DOCUMENT NUMBER: N12232

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

Please return all correspondence concerning this matter to the following:

Nakia Kelley  
(Name of Contact Person)

Insideout Community Ministries  
(Firm/ Company)

4685 95th Street N  
(Address)

St Petersburg, FL 33708  
(City/ State and Zip Code)

Nakia @ insideout cmi. com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nakia Kelley at 724 323 5695  
(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 checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Insideout Community Ministries Inc.

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

N12232

(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:

Bridge Hope Stabilization Programs Inc.

*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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4685 95th Street N  
St Petersburg, FL 33708

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:

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

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TALLAHASSEE, FLORIDA

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) ☐ Change VP William Kerns 286 107<sup>th</sup> Avenue  
☐ Add Suite 300  
☒ Remove Treasure Island, FL  
33706
- 2) ☐ Change I Nakia Kelley 303 Main Street  
☒ Add #201  
☐ Remove Safety Harbor, FL 34691
- 3) ☒ Change S Jennifer Fischer 13655 Gulf Blvd  
☐ Add Madiera Beach, FL  
☐ Remove 33708
- 4) ☐ Change TR Jamie Smith 2732 Highlands Blvd  
☒ Add #C  
☐ Remove Palm Harbor, FL 34684
- 5) ☐ Change \_\_\_\_\_  
☐ Add \_\_\_\_\_  
☐ Remove \_\_\_\_\_
- 6) ☐ Change \_\_\_\_\_  
☐ Add \_\_\_\_\_  
☐ Remove \_\_\_\_\_

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

Effective date if applicable: N/A  
(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 8/30/17

Signature Nakia Kelley  
(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)

Nakia Kelley  
(Typed or printed name of person signing)

Treasurer  
(Title of person signing)