NH000000723

(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Ĉit	ty/State/Zip/Phone	e #)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	A DEVINE BLESSIN	IGS INC		
	N14000000723			
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are subm	itted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
VALORIE BAKER				
	(Name of Contact Pers	on)	
A DEVINE BLESSINGS I	NC			
		(Firm/ Company)		
8147 46TH AVE NORTH				
		(Address)		
ST PETERSBURG, FL 337	709			
	(City/ State and Zip Co	de)	
adevineblessings@aol.com				
<u> </u>	-mail address: (to be used	for future annual repor	t notification)
For further information cond	cerning this matter, please c	all:		
VALORIE BAKER		7 at	27	430-0218
	(Name of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount made pay	able to the Florida De	partment of S	State:
\$35 Filing Fee	\$43.75 Filing Fee & C Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Priling Fee cate of Status ed Copy is sed)
Mailing A	ddraec	Stuna	4 Addwara	

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



May 18, 2016

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VALORIE BAKER 8147 46TH AVE. NORTH ST. PETERSBURG, FL 33709

SUBJECT: A DEVINE BLESSINGS INC

Ref. Number: N1400000723

We have received your document for A DEVINE BLESSINGS INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is missing the very last page which is the signature page. Please find enclosed a new page for you to sign and date.

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.

Carol Mustain Regulatory Specialist II

Letter Number: 716A00010540

Articles of Amendment to Articles of Incorporation of

A DEVINE BLESSINGS INC

A DEVINE BLESSINGS INC				
(Name of Corporation as cur	rently filed with the Flor	rida Dept. of State)		
N1400000723				
(Document Nu	imber of Corporation (if k	nown)		
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not Fo</i>	or Profit Corporation add	pts the fo	ollowing
A. If amending name, enter the new name of the corpo	ration:			
				The new
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	oration" or "incorporated	d" or the abbreviation "C		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	<u>SS</u>)			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>	- C223
C. Enter new mailing address, if applicable:			چې	£
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		<u></u>		1
			S ,	~ i
			7	143
				- 19-
D. If amending the registered agent and/or registered of	office address in Florida,	enter the name of the		. (N) 3(0)
new registered agent and/or the new registered office	ee address:			- 4.0
Name of New Registered Agent:				
	(F)	lorida street address)		
New Registered Office Address:				
		, Florida		
-	(City)	(Zip Co		
New Registered Agent's Signature, if changing Register	red Agent			
hereby accept the appointment as registered agent. I am		the obligations of the po	sition.	
	Signature of New Regist	tered 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: XChange X Remove A Add	<u>V</u> <u>N</u>	ohn Doe Mike Jones Sally Smith	
Type of Action (Check One)	_Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>D</u>	Kenyarda Martin	8147 46th N Apt. 218
X Add			St. Petersburg, Florida 33709
Remove			
2) Change			
Add			•
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:	
. (attach additional sheets, if necessary). (Be specific)	
Please included Articles XI - XII	
Please included Articles At - All	_
	_
	_
· · · · · · · · · · · · · · · · · · ·	
	_

	e date of each amendment(s) adoption:e this document was signed.	, if other than the
Effe	fective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wicument's effective date on the Department of State's records.	ll not be listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
ď	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 Mag 31,2076	
	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)	
	Zalori & Balble (Typed or printed name of person signing)	
	CED RES. iden. 7 (Title of person signing)	
	(title of person signing)	

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