

N140000001317

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6380

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
EAST COAST RESCUE MISSION INC.**

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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East Coast Rescue Mission 4019430145

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COVER LETTER**TO:** Amendment Section
Division of Corporations**NAME OF CORPORATION:** EAST COAST RESCUE MISSION INC.**DOCUMENT NUMBER:** N14000001317The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Imelda Vasquez

(Name of Contact Person)

Legalzoom.com, Inc.

(Firm/ Company)

100 W. Broadway Suite 100

(Address)

Glendale, CA 91210

(City/ State and Zip Code)

mrcoffey84@aol.com

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

For further information concerning this matter, please call:

Imelda Vasquez323962-8600

(Name of Contact Person)

at (

(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
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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 32301FILED
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STATE DEPARTMENT OF REVENUE

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Articles of Amendment
to
Articles of Incorporation
of

EAST COAST RESCUE MISSION INC.

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

N14000001317

(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:

United Outreach Coalition 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**)

4721 E Moody Blvd, Suite 108

Bunnell, FL 32110

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

4721 E Moody Blvd, Suite 108

Bunnell, FL 32110

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: _____

Florida

(City)

(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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 STATE
 DEPT. OF
 CORP. AFFAIRS

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

Type of Action
(Check One)

Title

Name

Address

1) ☒ Change
☐ Add
☐ Remove

P

Marissa A Guild

65 Sea Breeze Tr
Palm Coast FL 32164

2) ☐ Change
☒ Add
☐ Remove

VP

Stephen A Coffey

4 Pine St
North Providence RI
02919

3) ☐ Change
☒ Add
☐ Remove

T

Jeffrey Coffey

2300 SW 27th Ave
FT Lauderdale FL
33312

4) ☐ Change
☒ Add
☐ Remove

S

David B Gray

336 S Palmetto Ave
Daytona Beach FL 32114

5) ☐ Change
☒ Add
☐ Remove

D

Bryant Kisbert

65 Sea Breeze Tr
Palm Coast FL 32164

6) ☒ Change
☐ Add
☐ Remove

D

Nancy Coffey

31 Pinewood Ave
Johnston RI 02919

13239628300 From: Amanda Sando

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The date of each amendment(s) adoption: 11/04/2014, if other than the date this document was signed.

Effective date if applicable: 12/20/2014
(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 11/14/14

Signature Marissa Guild

(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)

Marissa Ann Guild

(Typed or printed name of person signing)

President

(Title of person signing)

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