

N140000004095

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

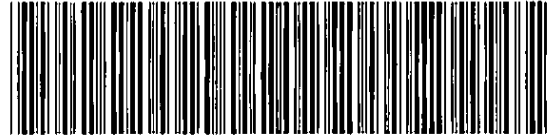
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 JUL -3 AM 9:52

2018 JUL -3 AM 10:01

DEPT. OF STATE  
ATTN: ASST. DIR.

FILED

Amend

JUL 03 2018

I ALBRITTON

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Dorschelhome INC

DOCUMENT NUMBER: N14000004095

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

Please return all correspondence concerning this matter to the following:

Lorna Gray  
(Name of Contact Person)

Dorschelhome  
(Firm/ Company)

2226 Menomonee Ct  
(Address)

Orlando FL 32818  
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Lorna Gray at 407-489-3866  
(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  
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

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

N14000004095  
(Document Number of Corporation (if known))

FILED  
2018 JUL -3 AM 10:01  
CLERK OF THE FLORIDA SUPREME COURT  
TALLAHASSEE, FLORIDA

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:

\_\_\_\_\_  
*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)

2226 Menomonee Ct  
Orlando FL 32818

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

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:

Lorna Gray  
2226 Menomonee Ct  
(Florida street address)  
New Registered Office Address:

Orlando, Florida 32818  
(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.

Lorna Gray  
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	<u>VPD</u>	<u>Dalmane George Gray</u>	<u>2226 Menomonee St, WI IL</u>
<input checked="" type="checkbox"/> Add	<u>T</u>	<u>Dalmane George Gray</u>	<u>2226 Menomonee St, WI IL</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>T</u>	<u>Frank Ford</u>	<u>2226 Menomonee St, WI IL</u>
<input checked="" type="checkbox"/> Add	<u>S</u>	<u>Frank Ford</u>	<u>2226 Menomonee St, WI IL</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>P</u>	<u>Lorna Gray</u>	<u>2226 Menomonee St, WI IL</u>
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>X</u>	<u>Rufus Kullee</u>	<u>3545 Starbuck Dr, Oconomowoc, WI</u>
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

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

I Lorna Gray is the Sole Owner of Dorsch Home, there are no share holders owning any shares or Partnership.

Lorna Gray owns 100% and is the President for Dorsch Home.

Dorsch Home can operate from multiple location according to foster home guidelines.

The President for Dorsch Home is Lorna Gray

The Treasurer is Daimane George Gray

The Secretary is Frank Ford.

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed. 7/3/18

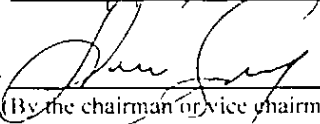
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**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 07/03/18

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)

LORNA GRAY  
(Typed or printed name of person signing)

PRESIDENT / OWNER  
(Title of person signing)