

N14000006629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

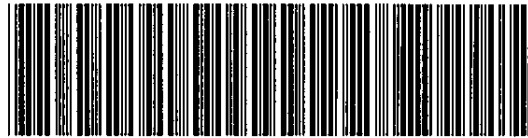
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/12/14--01012--007 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 OCT -6 AM 9:52

C. Lewis
10-7-14



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**FLORIDA DEPARTMENT OF STATE
Division of Corporations**

September 18, 2014

CECIL JONES
7512 DR. PHILLIPS BLVD STE 50522
ORLANDO, FL 32819 US

SUBJECT: PIECES OF A DREAM NETWORK, INC
Ref. Number: N14000006629

We have received your document for PIECES OF A DREAM NETWORK, 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 014A00020093

COVER LETTER

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Pieces of a Dream Network, Inc

DOCUMENT NUMBER: N14000006629

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

Please return all correspondence concerning this matter to the following:

Cecil Jones

(Name of Contact Person)

(Firm/ Company)

7512 Dr. Phillips Blvd, ste 50522

(Address)

Orlando, FL 32819

(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Cecil Jones

(Name of Contact Person)

at (407) 201-714003

(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 &
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

(No signature on
last page of
document)

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Articles of Amendment
to
Articles of Incorporation
of

Pieces of a Dream Network, Inc

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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(Name of Corporation as currently filed with the Florida Dept. of State)

N14000006629

(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:

Center of Healing for Abused & Neglected Children Everywhere, 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)

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:

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

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:

☒ Change
☒ Remove
☒ Add

PT John Doe
V Mike Jones
SV Sally Smith

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<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VPS</u>	<u>Stephanie Thomas</u>	<u>7512 Dr. Phillips Blvd</u> <u>Orlando, FL 32819</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VT</u>	<u>Larry Ford</u>	<u>267 Cranbrook Drive</u> <u>Kissimee, FL 34758</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Vanessa Acevedo</u>	<u>2481 Running Brook Circle</u> <u>Kissimmee, FL 34744</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<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> <u> </u> <u> </u>

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E., If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Currently Stephanie Thomas is listed as Vice president & secretary,
and Larry Ford is currently listed as the treasurer. There is a change,
Stephanie Thomas leaves the corporation, Larry Ford has changed
from treasurer to Vice President & Treasurer. Vanessa Acevedo has been added and
is named secretary.

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

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

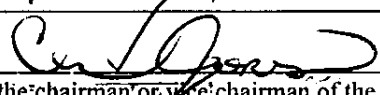
14 OCT -6 AM 9:52

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 September 8, 2014

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)

Cecil Jones

(Typed or printed name of person signing)

Chairman & President

(Title of person signing)

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