

N140000007402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

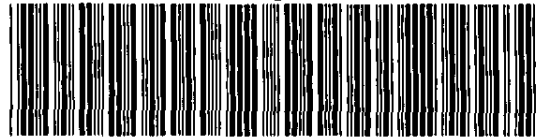
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200265730612

*Amend*

12/16/14--01011--023 \*\*43.75

FILED  
2014 DEC 16 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*DR*

*12/16/14*

December 11, 2014

ANNETTE RAMSEY  
DEPARTMENT OF STATE  
AMENDMENT SECTION  
DIVISION OF CORPORATIONS  
P. O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

ATTENTION: ANNETTE RAMSEY

ENCLOSED ARE TWO COPYS OF THE ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION  
OF: "SHARE ALL OUR BLESSINGS, INC (NON PROFIT).  
DOCUMENT NUMBER: N1400000742.

THE ENCLOSED ARTICLES OF AMENDMENT ARE BEING FILED TO ONLY CORRECT THE SPELLING  
OF THE NAMES OF THE TWO OFFICERS.

THANKING YOU IN ADVANCE FOR YOUR KIND ASSISTANCE IN THIS MATTER.

SONCERELY,

  
KENNETH W. MCCOY

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SHARE ALL OUR BLESSINGS, INC.

DOCUMENT NUMBER: N1400007402

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

Please return all correspondence concerning this matter to the following:

KENNETH MCCOY  
(Name of Contact Person)

KENNETH W. MCCOY, P.A.  
(Firm/ Company)

15271 N.W. 60<sup>TH</sup> AVE., SUITE 201  
(Address)

MIAMI LAKES, FL. 33014  
(City/ State and Zip Code)

KMCCOYPA@BELLSouth.NET.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENNETH MCCOY at (305) 698-9001  
(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 type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" 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

FILED.

2014 DEC 16 PM 1:59

SHARE ALL OUR BLESSINGS, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N14000007402

(Document Number of Corporation (if known))

SECRETARY OF STATE  
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:

N/A 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)

N/A

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

N/A

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: N/A

(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.

N/A  
Signature of New Registered Agent, if changing

# DOCUMENT NUMBER N14000007402 SHARE ALLOUT BLESSINGS, INC.

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

CHANGE OF SPELLING<sup>OF</sup> NAME ONLY.

| <u>Type of Action</u><br>(Check One)                                   | <u>Title</u> | <u>Name</u>                 | <u>Address</u> |
|--|--------------|-----------------------------|----------------|
| 1) <input checked="" type="checkbox"/> Change<br>___ Add<br>___ Remove | <u>P</u>     | <u>MARY ELIZABETH MOORE</u> | <u>SAME</u>    |
| 2) <input checked="" type="checkbox"/> Change<br>___ Add<br>___ Remove | <u>S/VP</u>  | <u>JOANNE E. CATEKOLB</u>   | <u>SAME</u>    |
| 3) ___ Change<br>___ Add<br>___ Remove                                 | _____        | _____                       | _____          |
| 4) ___ Change<br>___ Add<br>___ Remove                                 | _____        | _____                       | _____          |
| 5) ___ Change<br>___ Add<br>___ Remove                                 | _____        | _____                       | _____          |
| 6) ___ Change<br>___ Add<br>___ Remove                                 | _____        | _____                       | _____          |

DOCUMENT NUMBER: N14000001402  
SHARE ALL OUR BLESSINGS, INC

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

N/A

SHARE ALL OUR BLESSINGS, INC.  
DOCUMENT NUMBER: N14000007402

The date of each amendment(s) adoption: DECEMBER 10, 2014, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(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 DECEMBER 11, 2014

Signature [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)

MARY ELIZABETH MOORE  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)