

N1400000 7402

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AUG 18 2015

T CANNON

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SHARE ALL OUR BLESSINGS INC.

DOCUMENT NUMBER: N14000007402

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

Please return all correspondence concerning this matter to the following:

JOANNE E CATE KOLB

(Name of Contact Person)

SHARE ALL OUR BLESSINGS INC.

(Firm/ Company)

112 BEACH ROAD

(Address)

ISLAMORADA, FL 33036

(City/ State and Zip Code)

JOANNEEKOLB@BELLSOUTH.NET

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

For further information concerning this matter, please call:

JOANNE E CATE KOLB

559

310-0660

at

(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 checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input 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

SHARE ALL OUR BLESSINGS INC

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

N14000007402

(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:**

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)

112 BEACH ROAD

ISLAMORADA FL 33036

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 521

ISLAMORADA FL 33036

**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:

JOANNE E CATE KOLB

112 BEACH ROAD

(Florida street address)

New Registered Office Address:

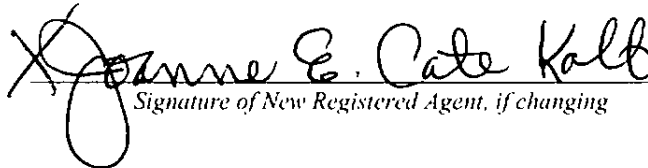
ISLAMORADA

(City)

Florida 33036  
(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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**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>D</u>	<u>MARY ELIZABETH MOORE</u>	<u>166 SAPODILLA DRIVE</u>
<input type="checkbox"/> Add			<u>ISLAMORADA FL 33036</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>JOANNE E CATE KOLB</u>	<u>112 BEACH ROAD</u>
<input type="checkbox"/> Add			<u>ISLAMORADA FL 33036</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>S</u>	<u>TONI H KENWORTHY</u>	<u>PO BOX 521</u>
<input checked="" type="checkbox"/> Add			<u>ISLAMORADA FL 33036</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input 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			

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

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

SEE ATTACHED AMENDED ARTICLES OF INCORPORATION.

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Share All Our Blessings, Inc.  
ARTICLES OF ORGANIZATION

SECTION I: ARTICLES OF INCORPORATION of the undersigned, a majority of whom are citizens of the United States, desiring to form a Florida Not-For-Profit Corporation under Florida Statute Ch. 617, et seq., do hereby certify:

FIRST: The name of the corporation shall be: Share All Our Blessings, Inc.

SECOND: The place in the State of Florida where the principal office of the corporation is to be located is 112 Beach Road, Islamorada, FL 33036, the City of Islamorada, Monroe County.

THIRD: Share All Our Blessings, Inc. is a non-profit organization dedicated to providing hope, promoting healing and restoring faith.

The mission of Share All Our Blessings, Inc. is to provide a community based cultural resource center with outreach initiatives. We endeavor to meet educational, relationship and spiritual needs of the community through skill building workshops, classes, art and literature. We are committed to providing a positive, collaborative environment and welcoming venue to share talents, appreciate the arts and enhance relationships.

FOURTH: The names and addresses of the persons who are the initial trustees of the corporation are as follows:

1. NAME: Joanne E Cate Kolb  
ADDRESS: 112 Beach Road, Islamorada, FL 33036
2. NAME: Mary Elizabeth Moore  
ADDRESS: 166 Sapodilla Drive, Islamorada, FL 33036

The name and address of the person who is the initial Registered Agent is as follows:

Registered Agent: Joanne E Cate Kolb  
ADDRESS: 112 Beach Road, Islamorada, FL 33036

The name and address of the person who is the initial incorporator is as follows:

Initial Incorporator Name: Joanne E Cate Kolb  
ADDRESS: 112 Beach Road, Islamorada, FL 33036

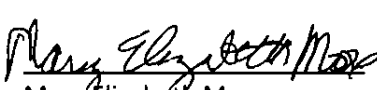
FIFTH: No part of the net earnings of the corporation shall inure to the benefit of, or be distributed to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay set forth in Article Third hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate on, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

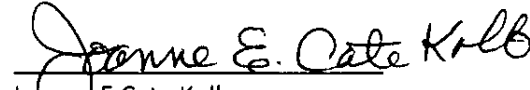
SIXTH: Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization(s), as said court shall determine which are organized and operated exclusively for such purposes.

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IN WITNESS WHEREOF, we have hereunto subscribed our names this 11<sup>th</sup> day of AUGUST, 2015.

  
Mary Elizabeth Moore

  
Joanne E Cate Kolb

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AUGUST 5, 2015

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

AUGUST 5, 2015

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.

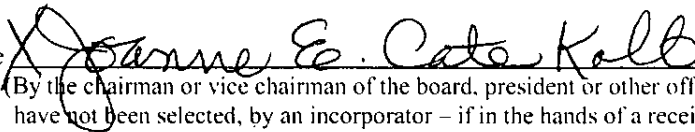
Adoption of Amendment(s) (CHECK ONE)

- ☒ 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.

AUGUST 5, 2015

Dated \_\_\_\_\_

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)

JOANNE E CATE KOLB

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

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## **CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.


1. The name of the corporation is:

SHARE ALL OF OUR BLESSINGS, INC.

2. The name and address of the registered agent and office is:

JOANNE E CATE KOLB  
112 BEACH ROAD  
ISLAMORADA, FL 33036

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
JOANNE E CATE KOLB, PRESIDENT

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