

N150000000450

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SECRETARY OF CORPORATION
DIVISION OF CORPORATION
2015 FEB 23 PM 1:41

Amend/CC
@ 2/25/15

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **Angel House Bereavement Center, Inc.**

DOCUMENT NUMBER: **N15000000450**

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

Please return all correspondence concerning this matter to the following:

Christina Cassani

(Name of Contact Person)

(Firm/ Company)

5216 Trelawney Ave

(Address)

Panama City Beach, FL 32408

(City/ State and Zip Code)

accassani@gmail.com

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

For further information concerning this matter, please call:

Lisa Herring

(Name of Contact Person)

at **850 960-0998**

(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
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 FEB 23 PM 1:41

Angel House Bereavement Center, Inc.

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

N15000000450

(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:

_____ 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:

_____, 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

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

Amending Article III so that it reads:

The specific purpose for which this corporation is organized is:
the operation of a non-profit grief center that provides counseling,
education and support to persons who have experienced loss
through death, trauma or significant life change. This corporation
shall also provide training and consulting services to the community
at large and function exclusively for charitable and educational
purposes under section 501(c)(3) of the Internal Revenue Code,
or corresponding section of any future federal tax code.

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

Effective date if applicable: **February 20, 2015**
(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 **February 20, 2015**
Signature Christina Cassani
(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)

Christina Cassani
(Typed or printed name of person signing)
President and Executive Director
(Title of person signing)