N1500000 5982

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Name Change



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	Women's Centered	. Inc		·	
DOCUMENT NUMBER	N15000005982				
The enclosed Articles of A		omitted for filing.			
Please return all correspond	dence concerning this mat	ter to the followi	ng:		
Gabby Horner					
		(Name of Conta	act Person)		
Ignite Community Service	s				
		(Firm/ Con	пралу)		
PO Box 9044					
		(Addre	ss)		
Fort Lauderdale, FL33310					
4		(City/ State and	Zip Code)		
ignitewomensfl@gmail.com	n				29
	-mail address: (to be use	d for future annua	al report notificat	lion)	<u> </u>
For further information con	cerning this matter, please	e call:			1 20
Gabby Horner	_		561 at	396-5487	
	(Name of Contact Persor	1)	(Area Code	c) (Daytime Telepho	one Number)
Enclosed is a check for the	following amount made p	ayable to the Flor	rida Department o	of State:	් කි ^{දි}
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	y Cer opy is Cer (Ad	.50 Filing Fee tificate of Status tified Copy Iditional Copy is closed)	J.

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address Amendment Section Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Women's Centered, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N15000005982 (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: Ignite Community Services, Inc. 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 <u>MUST BE A STREET ADDRESS</u>) 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

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: XChange X Remove X Add	PT V SV	John Do Mike Jo Sally Sr	ones	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
l) Change Add		_		
Remove				
2) Change Add		_		
Remove 3) Change Add Remove		_		
4) Change Add		_		
Remove				
5) Change Add		-	u	
Remove				
6) Change Add		_		
Remove				
E. If amending or addin (attach additional shee.	<u>e</u> additio ts, if nece	onal Arti ssary).	cles, enter change(s) here: (Be specific)	
-				
				

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	January 1, 2020	
he date of each amendment(s) adop ate this document was signed.	tion:	, if other than the
Effective date <u>if applicable</u> :		
The same is applicable.	(no more than 90 days after amendment file c	late)
	does not meet the applicable statutory filing requ	
The Deput		

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

	06/29/2020
Dated	
Signatu	re Resiliant
J	(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)
	oujer court appointed inductary by that inductary)
	Gabby Horner
	(Typed or printed name of person signing)

(Title of person signing)