## N15000010047

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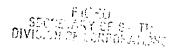
TO: Amendment Section **Division of Corporations** 

BEAUTY FOR ASHES TRANSITI NAME OF CORPORATION:	ONAL HOME, INC.
N15000010047	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	ng:
JAMIE GARY	
(Name of Conta	act Person)
(Firm/ Con	npany)
2211 W. 24TH STREET	
(Addre	ss)
PANAMA CITY, FL. 32405	
(City/ State and	Zip Code)
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, please call:	
JAMIE GARY	at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Flo	rida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Certificate of Status Certified Cop (Additional cenclosed)	y Certificate of Status

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



BEAUTY FOR ASHES TRANSITIONAL HOME, INC.

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(Name of Corporation as curren	tly filed with the Flor	rida Dept. of State)
N15000010047		
(Document Numb	er of Corporation (if k	nown) .
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
N/A		The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorporated	
D. Enternam animinal office address if analimble	N/A	
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)	N/A	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		, enter the name of the
N/Δ	<del></del>	
Name of New Registered Agent:		
	(F	lorida street address)
New Registered Office Address:	(**	
		, Florida
<del></del>	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fail	Agent: miliar with and accept	t the obligations of the position.
	ianature of New Regis	stered 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)

٠.

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: X_Change X_Remove X_Add	<u>V</u> <u>M</u> i	hn <u>Doe</u> ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	D	JERRERY A NEWELL	P.O. BOX 8592
Add			SOUTHPORT, FL. 32409
Remove			<del></del>
2) X Change	PSTD	JAMIE GARY	2211 W. 24TH STREET
Add			PANAMA CITY, FL. 32405
Remove			
3) X Change	D	TINA T DANLEY	8528 KIWI LANE
Add			YOUNGSTOWN, FL. 32466
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
Add the following Article:				
ARTICLE VIII				
Upon the dissolution of this organization, a	assets shall be distributed for one or more exempt purposes within the meaning			
of section 501(c)(3) of the Internal Revenue	e Code, or 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.			
· · · · · · · · · · · · · · · · · · ·	<del>- ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</del>			
	<del> </del>			

•	10/30/2015	
The date of each amendme	nt(s) adoption:	, if other than the
late this document was signe		DIVIEW CENTER
Effective date <u>if applicable</u>	10/30/2015	and the second second
енесиче часе <u>и аррисаме</u>	(no more than 90 days after amendment file date)	15 NOV -9 PM 1: 33
	this block does not meet the applicable statutory filing requirement the Department of State's records.	= •
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/was/were sufficient for	were adopted by the members and the number of votes cast for the approval.	amendment(s)
There are no members of adopted by the board of	or members entitled to vote on the amendment(s). The amendment( directors.	s) was/were
Dated	0/2015	
Signature (Post	James Ganz	· (. )
have	ne chairman or vice chairman of the board, president or other office not been selected, by an incorporator — if in the hands of a receive court appointed fiduciary by that fiduciary)	
J.	AMIE GARY	
_	(Typed or printed name of person signing)	
P	resident	
_	(Title of person signing)	