

N16000001113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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16 JUL 11 PM 3:53
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Amel

JUL 14 2016

R. WHITE

NEIL R. STEIN
BARBARA J. STEIN
9705 B SW 92 CT OCALA, FL 34481
BARB Phone : 715-574-0490 NEIL Phone : 715-571-0490
Email: barbstein43@gmail.com
Email: neilstein37@gmail.com

FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE FL 32314

July 5, 2016

ATTN: REBEKAH WHITE
REGULATORY SPECIALIST II

SUBJECT: LETTER NO. 016A00011884
HEAVENLY THRIFT OCALA CORP
REF. NO. N16000001113

DEAR MS. WHITE,

I AM RESPONDING TO YOUR SUBJECT LETTER (ENCLOSED) OF JUNE 6, 2016 WITH A CORRECTED VERSION OF THE AMENDMENT, A PROPERLY CHECKED "ADOPTION" BOX, AND WITH AN APPROPRIATE SIGNATURE. MY UNDERSTANDING WAS THAT WE COULD FORMALLY SUBMIT AN AMENDMENT AT TIME OF ANNUAL REPORT FILING, HENCE NO PREVIOUS AMENDMENT WAS FILED WITH OUR OFFICER CHANGES. I WOULD ALSO ADVISE THAT THE AMENDMENT SIGNED BY KAREN CATHCART IS NOT VALID AS SHE HAD RESIGNED HER POSITION EFFECTIVE FEB. 19, 2016 AND WAS NOT THE SECRETARY OF OUR CORP. PLEASE CONTACT ME AT THE ABOVE ADDRESS IF YOU HAVE ANY QUESTIONS.

SINCERELY,



NEIL STEIN
VICE PRESIDENT

RECEIVED
16 JUL 11 PM 4:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

May 28, 2016

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Heavenly Thrift/Ocala

Gentlemen:

Enclosed you will find my check for \$35.00 so that I may be removed from this corporation.

The new Secretary/Treasurer is Linda Neblock. I have NEVER been the Treasurer for Heavenly Thrift/Ocala. Linda Neblock has always been the Treasurer. I was the Former Secretary for Heavenly Thrift/Ocala. All I did was take minutes of the meetings and list furniture for them. I never wrote a check or made any deposits; I did NOT handle any funds of any kind for them at any time during the time that I was associated with them.

Please make these changes as soon as possible.

Thank you.

Sincerely,

Karen M. Cathcart



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2016

NEIL STEIN
9705 SW 92ND CT UNIT B
OCALA, FL 34481

SUBJECT: HEAVENLY THRIFT OCALA CORP
Ref. Number: N16000001113

We have received your document for HEAVENLY THRIFT OCALA CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

~~Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.~~

If you have any questions concerning the filing of your document, please call (850) 245-6050. *850-245-6820 direct*

Rebekah White
Regulatory Specialist II

Letter Number: 016A00011884

Articles of Amendment
to
Articles of Incorporation
of

FILED

16 JUL 11 PM 3:52

HEAVENLY THRIFT Ocala Corp

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

N16000001113

(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:

NA

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)

NA

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

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:

NA

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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:

<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 type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>KAREN CATHCART</u>	<u>10821 SW 87TH TER</u> <u>OCALA FL 34481</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>LINDA NEBLOCK</u>	<u>7165 SW 113 LOOP</u> <u>OCALA FL 34481</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>BARBARA STEIN</u>	<u>9705 B SW 92 CT</u> <u>OCALA FL 34481</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>SUSAN DOBSON</u>	<u>6203 SW 102 ST RD</u> <u>OCALA FL 34476</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>NEIL STEIN</u>	<u>9705 B SW 92 CT</u> <u>OCALA FL 34481</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

The date of each amendment(s) adoption: APRIL 28, 2016, if other than the date this document was signed.

Effective date if applicable: APRIL 28, 2016
(no more than 90 days after amendment file date)

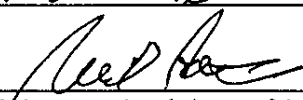
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 7-5-2016

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)

NEIL STEIN
(Typed or printed name of person signing)

VICE PRESIDENT
(Title of person signing)