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SECRETARY OF STATE

APR 5 2016

**C LEWIS** 

## COVER LETTER

TO: Amendment Section -Division of Corporations Daily Manna Serving Center Inc NAME OF CORPORATION: N16000002815 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Irene Picca CPA (Name of Contact Person) (Firm/ Company) 14444 Beach Blvd Ste 19 (Address) Jacksonville Beach, Fl 32250 (City/ State and Zip Code) irene@irenepiccacpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 223-3700 Irene Picca (Name of Contact Person) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee

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**Mailing Address** 

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

Certificate of Status

**Street Address** 

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

Certificate of Status

Certified Copy (Additional Copy is

Enclosed)

## Articles of Amendment to Articles of Incorporation of

ذ,



16 MAR 30 AM 11: 03 Daily Manna Serving Center Inc (Name of Corporation as currently filed with the Florida Dept. of State) N16000002815 (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 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A Name of New Registered Agent: (Florida street address) New Registered Office Address: N/A 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: X_Change X_Remove X_Add	<u>V</u> <u>M</u>	hn <u>Doe</u> ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Gerald J Dinkins, Sr	2659 Edson Ave
x Add			Jacksonville, Fl 32254
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
7/A					
	<u> </u>				
	_				

· · · · . •	N/A	
The date of each amendment(s) a date this document was signed.	idoption:	, if other than the
Effective date <u>if applicable</u> :	•	
	(no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
Note: If the date inserted in this blocument's effective date on the D	ock does not meet the applicable statutory filing requirements, this date will not epartment of State's records.	be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.	
☐ There are no members or men adopted by the board of direc	nbers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
Dated 03/24/16		
	ene Picca CPA	<b>1</b> 010 SI
have not be	irman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	SECRETARIST AMILLOS
Irene Pi	cca CPA	
	(Typed or printed name of person signing)	11:03
Treasur	er	
<del> </del>	(Title of person signing)	

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