

N17000000579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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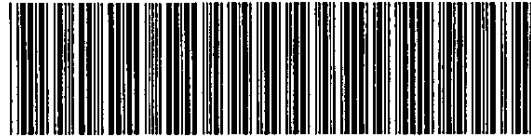
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

Amend

SEP 28 2017

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** CAREBAG INC.

**DOCUMENT NUMBER:** N1700000579

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

Please return all correspondence concerning this matter to the following:

ROZANNE BROWN

(Name of Contact Person)

CAREBAG INC.

(Firm/ Company)

205 W ARBOR AVE;

(Address)

PORT ST LUCIE; FL. 34952

(City/ State and Zip Code)

ROXY@CAREBAGFL.ORG

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

For further information concerning this matter, please call:

ROZANNE BROWN

(Name of Contact Person)

at 954-496-6548

(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 &    ☐ \$43.75 Filing Fee &    ☐ \$52.50 Filing Fee

Certificate of Status    Certified Copy    Certificate of Status

(Additional copy is    Certified Copy  
enclosed)    (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

Carebag, Inc.

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

N17000000579

(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

*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:**

7548 US HWY 1

(Principal office address **MUST BE A STREET ADDRESS**)

SUITE 262

PORT ST LUCIE, FL 34952

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

7548 US HWY 1

SUITE 262

PORT ST LUCIE, FL 34952

**If amending the registered agent and/or registered office address in Florida, enter the name of the and/or the new registered agent**

**new registered agent**

Name of New Registered Agent:

N/A

New Registered Office Address:

(Florida street 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:

<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>PCEO</u>	<u>ROZANNE BROWN</u>	<u>205 W ARBOR AVE</u> <u>PORT ST LUCIE FL 34952</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>ST</u>	<u>JANNELL GEORGE</u>	<u>3959 SW WYCOFF STREET</u> <u>PORT ST LUCIE, FL. 34953</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>KEVIN DAVIS</u>	<u>232 SW LANGFIELD AVE</u> <u>PORT ST LUCIE, FL. 34983</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>ANDREW TABANNAH</u>	<u>4366 SW CALAH CIRCLE</u> <u>PORT ST LUCIE, FL. 34953</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>JOEL BORGELLA II</u>	<u>574 NW MERSANTILE PLACE</u> <u>PORT ST LUCIE, FL. 34986</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>MARK CUNNINGHAM</u>	<u>4237 SW JARED STREET</u> <u>PORT ST LUCIE, FL. 34953</u>

**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)*

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<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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>DAWN GILMORE</u>	<u>1533 SW IFFLA AVE</u> <u>PORT ST LUCIE FL 34953</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ST</u>	<u>PATRINA COPPIN</u>	<u>2848 SW AN ARBOR ROAD</u> <u>PORT ST LUCIE, FL. 34953</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>SHONDA O'CONNOR</u>	<u>4486 SW TABOR STREET</u> <u>PORT ST LUCIE, FL. 34953</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>ANNE WARNER</u>	<u>994 SE LIGHTHOUSE DR</u> <u>PALM CITY, FL 34990</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>CHRISTINE RIGGS</u>	<u>542 SW MCCOMB AVE</u> <u>PORT ST LUCIE, FL. 34953</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>MARYELLEN FARRELL</u>	<u>7548 US HWY 1</u> <u>SUITE 262</u> <u>PORT ST LUCIE, FL. 34953</u>

**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)*

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<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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>KENRICK THOMAS</u>	<u>7548 US HWY 1</u> <u>SUITE 262</u> <u>PORT ST LUCIE, FL. 34952</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>N/A</u>		
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

N/A

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

Effective date if applicable: \_\_\_\_\_  
(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 October 25, 2017

Signature Rozanne Brown

(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)

Rozanne Brown  
(Typed or printed name of person signing)

President  
(Title of person signing)