

N17000002661

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/13/17

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Refuge For Women ~~Emerald~~ Coast INC.

DOCUMENT NUMBER: N17000002661

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

Please return all correspondence concerning this matter to the following:

Michelle Jones  
(Name of Contact Person)

Refuge for Women  
(Firm/ Company)

8668 NAVARRE PKWY Ste. 255  
(Address)

NAVARRE, FL. 32566  
(City/ State and Zip Code)

michelle.jones@refugeforwomen.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jade Cook at 859 254-0041  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 24, 2017

MICHELLE JONES  
8668 NAVARRE PKWY STE 255  
NAVARRE, FL 32566

SUBJECT: REFUGE FOR WOMEN EMERALD COAST INC.  
Ref. Number: N17000002661

We have received your document for REFUGE FOR WOMEN EMERALD COAST INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 317A00005674

Articles of Amendment  
to  
Articles of Incorporation  
of

Refuge for Women Emerald Coast Inc  
(Name of Corporation as currently filed with the Florida Dept. of State)

N 17 0000 026601

(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:

*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)

2953 Paso De Viraz  
Navarre, FL 32566

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

8668 Navarre Parkway Ste 255  
Navarre, FL 32566

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:

Michelle Jones

8668 Navarre Parkway Ste 255  
(Florida street address)

New Registered Office Address:

Navarre  
(City)

Florida 32566  
(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]

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 | PT | John Doe    |
| <input checked="" type="checkbox"/> Remove | V  | Mike Jones  |
| <input checked="" type="checkbox"/> Add    | SV | Sally Smith |

| Type of Action<br>(Check One)  | Title                       | Name               | Address                                       |
|--|-----------------------------|--------------------|---|
| 1) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | President                   | Ked Frank          | 101 Franklin Court<br>Nicholasville, KY 40356 |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | City<br>Director            | Michelle Jones     | 2953 Paso De Vivaz<br>Navarre, FL 32566       |
| 3) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | Chairman<br>of the<br>Board | Robert Orth        | 9139 Military Tr.<br>Navarre, FL 32566        |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | Sec                         | Michelle Jones     | 2953 Paseo De Cortez<br>Navarre, FL 32566     |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | T                           | Kevin Jones        | 2953 Paseo De Cortez<br>Navarre, FL 32566     |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | P                           | Robert J. Orth SR. | 9139 Military Tr.<br>Navarre, FL 32566        |

• E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

Please include our EIN 26-4388243

• The date of each amendment(s) adoption: MARCH 20, 2017, if other than the date this document was signed.

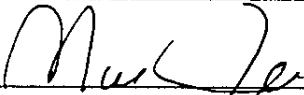
Effective date if applicable: MARCH 20, 2017  
(no more than 90 days after amendment file date)

**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 MARCH 20, 2017

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)

Michelle Jones  
(Typed or printed name of person signing)

City Director  
(Title of person signing)