

N17 000004560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

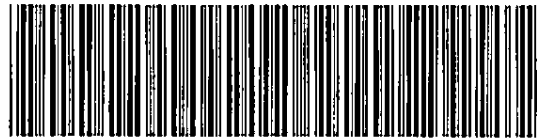
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RECEIVED
DIVISION OF CORPORATIONS
11/10/2020 11:00 AM

2020 NOV -9 PM 3:50

FILED

NOV 10 2020
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 OCT 26 PM 2:05

October 26, 2020

DIANA DAVIS
123 RONA LANE
DAVENPORT, FL 33897

SUBJECT: HOUSE OF RUTH RESTORATION, INC
Ref. Number: N17000004560

We have received your document for HOUSE OF RUTH RESTORATION, 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):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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.

Shelia S Young
Regulatory Specialist II

Letter Number: 020A00021317

Already Paid
This is a Correction

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HOUSE OF RUTH RESTORATION, INC

DOCUMENT NUMBER: N1700004560

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

Please return all correspondence concerning this matter to the following:

DIANA DAVIS

Name of Contact Person

Firm/ Company

123 RONA LANE

Address

DAVENPORT, FLORIDA 33897

City/ State and Zip Code

HOUSEOFRUTHRESTORATION@YAHOO.COM

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

For further information concerning this matter, please call:

DIANA DAVIS

863

242-3957

at ()

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:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

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

N17 0000 4560

(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.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

N/A

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

N/A

(Florida street address)

New Registered Office Address:

N/A

(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.

N/A

Signature of New Registered Agent, if changing

2020 NOV -9 PM 3:50
FILED

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>DIANA DAVIS</u>	<u>123 RONA LANE</u>
<input checked="" type="checkbox"/> Add			<u>DAVENPORT, FL 33897</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>S</u>	<u>HARRIAGE, MICHELLE</u>	<u>895 MANSFIELD ROAD, #11</u>
<input checked="" type="checkbox"/> Add			<u>TAVARES, FLORIDA 32778</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>T</u>	<u>THOMPSON, TANIESHA</u>	<u>407 BEXTLEY DRIVE</u>
<input type="checkbox"/> Add			<u>DAVENPORT, FLORIDA 33897</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>STOKES, DELORES</u>	<u>726 S PARK AVE</u>
<input checked="" type="checkbox"/> Add			<u>APOPKA, FLORIDA 32703</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>C</u>	<u>MARGIE EASTER</u>	<u>4831 POLARIS STREET</u>
<input checked="" type="checkbox"/> Add			<u>ORLANDO</u>
<input type="checkbox"/> Remove			<u>FLORIDA 32819</u>
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

NOVEMBER 3, 2020

Dated

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)

DIANA DAVIS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)