

N1700000054112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

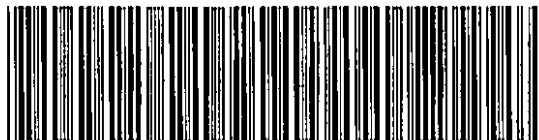
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600306746126

12/21/17--01007--018 **35.00

NC
R WHITE
JAN 17 2018

FILED
18 JAN 16 AM 10:58



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2017

HANK DUNN
665 MT. STIRLING AVE
APOPKA, FL 32712

SUBJECT: NEW BEGINNINGS HOUSING, INC.
Ref. Number: N17000005412

We have received your document for NEW BEGINNINGS HOUSING, 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 document submitted does not meet the filing requirements of this office. Please find enclosed and complete articles of amendment for not for profit corporation.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 617A00026252

REC- 1213
18 JAN 16 PM 3:20
FACED
SERIAL
1/16

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: New Beginnings Housing Inc.

DOCUMENT NUMBER: N 17000000 5412

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

Please return all correspondence concerning this matter to the following:

Hank Dunn

(Name of Contact Person)

665 Mt. Sterling

(Firm/ Company)

A

(Address)

Apopka FL 32712

(City/ State and Zip Code)

Hank Dunn & NB-Housing INC

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

For further information concerning this matter, please call:

Hank Dunn

(Name of Contact Person)

828 989 4711

(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 &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

18 JAN 16 AM 10:57

Articles of Amendment
to
Articles of Incorporation
of

STATE OF FLORIDA
TALLAHASSEE

New Beginning Housing, INC.

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

(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:

Provident Housing Solutions, Incorporated 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)

665 Mt Stirling Ave
Apoka FL 32712

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:

Hank Dunn

(Florida street address)

New Registered Office Address:

Apoka
(City)

Florida 32712
(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

same as before
Signature of New Registered Agent, if changing
Hank Dunn

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

☒ Remove

☒ Add

PT

John Doe

V

Mike Jones

SV

Sally Smith

Type of Action

(Check One)

Title

Name

Address

1) ☐ Change

☐ Add

☐ Remove

2) ☐ Change

☐ Add

☐ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

The date of each amendment(s) adoption: 12-16-17 if other than the date this document was signed.

Effective date if applicable: 12-16-17
(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 12-16-17

Signature Steve Smith
(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)

Steve Smith
(Typed or printed name of person signing)

President
(Title of person signing)

New Beginnings Housing Inc

665 Mt Stirling

Apopka, FL 32712

N 17000005412

Name change request

12/16/17

To Amendment Section:

The board of New Beginnings Housing, Inc has voted and chosen the new name of Providence Housing Solutions, Inc. Please see enclosed 'cover letter' and check for \$35 to cover the cost to make this corporate non profit name change. Please let us know if any other changes needed.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Smith", written in a cursive style.

Steve Smith, President