

N1700000 9252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

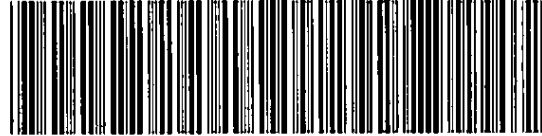
(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 OCT 24 AM 10:33

FILED

C. GOLDEN

OCT 20 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BEYOND PREGNANCY CARE, INC

DOCUMENT NUMBER: N17000009252

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

Please return all correspondence concerning this matter to the following:

MIRIAM IVETTE RODRIGUEZ
(Name of Contact Person)

BEYOND PREGNANCY CARE, INC
(Firm/ Company)

5605 ESCALANTE CANYON DR
(Address)

KISSIMMEE FL 34758
(City/ State and Zip Code)

irodriguez@beyondpcc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIRIAM "IVETTE" RODRIGUEZ at 407-750-8189
(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 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2019

MIRIAM IVETTE RODRIGUEZ
5605 ESCALANTE CANYON DRIVE
KISSIMMEE, FL 34758

SUBJECT: BEYOND PREGNANCY CARE INC
Ref. Number: N17000009252

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 119A00021164

2019 OCT 24 PM 10:16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2019

MIRIAM IVETTE RODRIGUEZ
5605 ESCALANTE CANYON DRIVE
KISSIMMEE, FL 34758

SUBJECT: BEYOND PREGNANCY CARE INC
Ref. Number: N17000009252

2019 OCT 11 PM 11:34

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 219A00019163

CLARETHA —

ATTACHED IS THE CORRECT FORM TO
MAKE OUR CHANGES. THANK YOU!
BE BLESSED!

AMY VANRIPER

Articles of Amendment
to
Articles of Incorporation
of

2019 OCT 24 AM 10:33

BEYOND PREGNANCY CARE INC

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

N17000009252

(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)

C. Enter new mailing address, if applicable:

(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:

Name of New Registered Agent:

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>

Type of Action
(Check One)

Title

Name

Address

1) <input type="checkbox"/> Change	<u>S</u>	<u>AMY C. VAN RIPER</u>	<u>1612 SNAPPER ST</u>
<input checked="" type="checkbox"/> Add			<u>ST CLOUD FL 34771</u>
<input type="checkbox"/> Remove			

2) <input checked="" type="checkbox"/> Change	<u>V</u>	<u>WILLIAM KENNA</u>	<u>2018 PEACH TREE BLVD</u>
<input type="checkbox"/> Add			<u>ST CLOUD FL 34769</u>
<input type="checkbox"/> Remove			

3) <input checked="" type="checkbox"/> Change	<u>TR</u>	<u>DILCIA RIVERA</u>	<u>7501 RIDGE BLVD #3H</u>
<input type="checkbox"/> Add			<u>BROOKLYN NY 11209</u>
<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			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 9 OCT 19

Signature Miriam Ivette Rodriguez
(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)

MIRIAM IVETTE RODRIGUEZ
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)