N19000000862

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COVER LETTER

TO: Amendment Section Division of Corporations

CALLED OUT INCORPORATED NAME OF CORPORATION:
N19000000862 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CAROLYN MARIE GRACIA
(Name of Contact Person)
CALLED OUT INCORPORATED
(Firm/ Company)
2104 LIONEL DRIVE
(Address)
MELBOURNE, fl 32940
(City/ State and Zip Code)
BCALLEDOUT@GMAIL.COM
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
CAROLYN MARIE GRACIA 407 269-2523
(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 Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) 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

Articles of Amendment to Articles of Incorporation of

CALLED OUT INCORPORATED		·
(Name of Corporation	as currently filed with the Fl	orida Dept. of State)
N19000000862		
(Docur	nent Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not I</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
N/A		The new
name must be distinguishable and contain the word "Company" or "Co," may not be used in the nam		
B. Enter new principal office address, if applica	N/A	
(Principal office address MUST BE A STREET A		
		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>) N/A	
		9
		A
D. If amending the registered agent and/or regi		a, enter the name of the
new registered agent and/or the new register	ed office address:	
Name of New Registered Agent:	CAROLYN MARIE GRACIA	
	2104 LIONEL DRIVE	<u>1</u> 26
		Florida street address)
New Registered Office Address:		
	MELBOURNE	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I		
I hereby accept the appointment as registered ager	nt. I am familiar with and acce	pt the obligations of the position.
	Carolin	Marie Green
	Signature of New Reg	istered 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: X Change X Remove X Add	<u>v</u> <u>M</u>	ohn Doe like Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	D	CAROLYN MARIE GRACIA	2104 LIONEL DRIVE
Add			MELBOURNE, FL 32940
Remove			
2) X Change	D	ANGELA DENISE NORRIS	831 HONEYSUCKLE DRIVE
Add			ROCKLEDGE, FL 32955
Remove			
3) X Change	D	LORI JEAN DORR	2218 WESTMINSTER DRIVE
Add			COCOA, FL 32926
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			•
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
AMENDED TO CHANGE REGISTERED AGENT AND GIVE CORRECT LEGAL NAME OF ALL DIRECTORS				
				

MARCH 11,2019	'C at a discalation
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
MARCH 11, 2019	
Effective date if applicable: (no more than 90 days	after amendment file date)
,	
<u>Note:</u> If the date inserted in this block does not meet the applica document's effective date on the Department of State's records.	ole statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the members and the was/were sufficient for approval.	ne number of votes cast for the amendment(s)
☐ There are no members or members entitled to vote on the are adopted by the board of directors.	rendment(s). The amendment(s) was/were
MARCH 11, 2019 Dated	
Signature Outly Mur	ie Stacia
(By the chairman or vice chairman of the	board, president or other officer-if directors
	or – if in the hands of a receiver, trustee, or
other court appointed fiduciary by that fi	duciary)
CAROLYN MARIE GRACIA	
(Typed or pri	nted name of person signing)
DIRECTOR	
Τ)	itle of person signing)