

N190000003799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

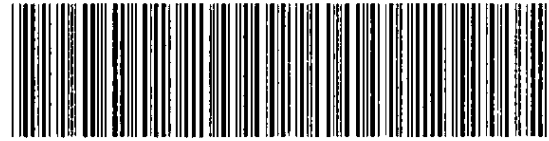
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2023

AMY ELLIS
5170 ANNIE RUTH ST
MILTON, FL 32570

SUBJECT: THE HEALING IMPACT, INC.
Ref. Number: N19000003799

We have received your document for THE HEALING IMPACT, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a Florida Not for Profit Corporation. Please complete and return the enclosed blank form(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.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 023A00019704

SEP 11 10 12 AM '23

SEP 25 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Healing Impact, Inc.

DOCUMENT NUMBER: N19000003799 (Ref. Number)

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

Please return all correspondence concerning this matter to the following:

Amy Ellis
(Name of Contact Person)

The Healing Impact Inc.
(Firm/ Company)

5170 Annie Ruth Street
(Address)

Milton, FL 32570
(City/ State and Zip Code)

Amyellis@thehealingimpact.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Ellis at (850) 261-9032
(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 checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
<i>previously paid</i> | <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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
MAY 25 11 15 AM '08

Articles of Amendment
to
Articles of Incorporation
of

The Healing Impact, 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:

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)

5170 Annie Ruth Street
Milton, FL 32570

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:

Amy Ellis

5170 Annie Ruth Street
(Florida street address)

New Registered Office Address:

Milton
(City)

Florida

(Zip Code)

32570

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.

Amy Ellis
Signature of New Registered Agent, if changing

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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 checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | Officer | Heidi Anderson | 2816 Jack Nicklaus Blvd
Shalimar, FL 32519 |
| 2) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | Officer | Howland Ellis | 5170 Annie Ruth Street
Milton, FL 32570 |
| 3) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | Officer | Kaitlyn Abadia | 1408 23rd Street
Niceville, FL 32578 |
| 4) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | CEO | Amy Ellis | 5170 Annie Ruth Street
Milton, FL 32570 |
| 5) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | Officer | Erin Maloney | 1572 Venice Avenue
Ft. Walton Beach, FL 32549 |
| 6) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | Officer | Constance Bartleson | 19 Iowa Drive NE
Ft. Walton Beach, FL 32548 |

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

Lined area for text entry.

2023 SEP 25 PM 1:58
STATE
CLERK

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

Effective date if applicable: 8/1/23
(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 9/21/23 (originally requested 7/27/23)

Signature Howard E. Ellis

(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)

Howard Ellis
(Typed or printed name of person signing)

Officer
(Title of person signing)

SEP 25 2023 1:58 PM
VTF