

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

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COVER LETTER

Division of Corporations
SUBJECT: Destined for Change Inc. Name of Resulting Florida Profit Corporation
The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607,1115, F.S.
Please return all correspondence concerning this matter to:
Chavavra Simmons Contact Person
Destined for Change Firm/Company
5508 N. 50th J. Suite 23 Address
Tampa, FL 331110 City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$105.00 Filing Fees and Certificate of Status □ \$113.75 Filing Fees and Certified Copy Certificate of Status □ \$122.50 Filing Fees, Certificate of Status
STREET ADDRESS:MAILING ADDRESS:New Filings SectionNew Filings SectionDivision of CorporationsDivision of CorporationsClifton BuildingP. O. Box 6327

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Conversion For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Destined for Change, LLC LIT-47453
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
first organized, formed or incorporated under the laws of
2/28/17
Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> Destroy of Change, Inc. Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 120 10 . (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) 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.

Page 1 of 2

Signed this 15th day of APril	, 20	
Required Signature for Florida Profit Corporation	<u>:</u>	
Signature of Chairman, Vice Chairman, Director, Offi Incorporator: Printed Name: TAVAYYA SIMMONS Title:	ger, or, if Directors or Officers have not	been selected, an
Required Signature(s) on behalf of Other Business		` ' '
Signature:)	
Printed Name: Chavayra Simmons	Title: Chair man	
Signature:		<u></u>
Printed Name:		
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:		
Signature:		
Printed Name:		
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:	7.
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		#08.23
All others: Signature of an authorized person.		
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of the	NAME DESTINED FOR CH	IANGE, INC.		
ARTICLE II	PRINCIPAL OFFICE			
5508	Principal <u>street</u> address: N. 50th Street		Mailing address, if different is:	
Suite	23			
Tam	pa, FL 33610			
ARTICLE III The purpose for distributions to	PURPOSE or which the corporation is organized is: o orginazations that qualify as exempt organ	ctively for charita	the purposes, including, for such purposes, the making of the finternal Revenue Code, or the	
corresponding	section of any federal tax code. Including fe	or conducting reso	earch and educating the public on issues related to persor	
with develop	mental diasabilities, intetuelluctual disabilitie	es their families a	nd how to offer support and serve within their communit	
The purpose f	or which the corporation was formed is to m	ake available stru	ctured environment, health care services, educational and	
recreational ac	ctivities for low and moderate income consu	mers, medically v	runeralble adults and high risk children throughout	
Florida.				
ARTICLE IV ARTICLE V	INITIAL OFFICERS AND/OR DIRECT		·····	
Name and Titl	Chavarra Simmons Chairman/ President e:5508 N. 50th Street Suite 23	_ Name and Title		
Address	Tampa, FL 33610	_ Address: _	Tampa, FL 33610	
Name and Titl	e: Cerice Hopkins Sect.	Name and Title		
Address	2011 E. Genesee Street	_ Address:		
Tampa, FL 33610	Tampa, FL 33610	-	23 23 23 23 23 23 23 23 23 23 23 23 23 2	
Name and Titl	e:	 Name and Title 		
Address		_ Address:		
		_		

Name and Title:		Name and Title:_			-
Address _		Address:			-
_					-
- Name and Title:		Name and Title:			-
Address _		Address:			-
_		_	·		_
-		-			-
	REGISTERED AGENT				
The name and F	lorida street address (P.O. Box NOT accep	otable) of the registe	ered agent is:		
Name:	Chavarra Simmons				
Address:	5508 N. 50th Street S	te.23			
	Tampa, FL 33610			[]]	चे न्य
				, ,-	के जिल्हा इंडिया
ARTICLE VII	INCORPORATOR			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ಸ 23
ine <u>name and ac</u>	tdress of the Incorporator is: Chavarra Simmons				ယ် -
Name:	5508 N. 50th Street Ste.23			7000 11 ms gran	
Address:	Tampa, FL 33610			85. 95.	AH 90 16
	Tampa, 1 L 33010				
Effective date, if	other than the date of filing: April 1, ate is listed, the date must be specific an	2019 d cannot be more	(OPTIONAL) than five days prior	r or 90 days after	the filing.)
	inserted in this block does not meet the aptive date on the Department of State's reco		iling requirements, th	nis date will not be	e listed as the
Having been nat certificate, I and J	ned as registered agent to accept service of antiliar with and accept the appointment a	of process for the a s registered agent a	above stated corpora nd agree to act in the	ition at the place is capacity	designated in this
(1/1)	XIIII			4115	10
	Required Signature of Registered	Agent	_	Date	<u> </u>
	unent and affirm that the facts stated here			formation submi	tted in a document
to the Department	t of State constitutes a third degree felony of	is provided for in s.	817.155, F.S.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	^
	Many			4/15/1	9
- , •	Required Signature of Incorp	ocrator		1 Date	