

N19000005717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

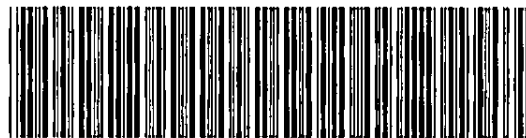
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12/14/20--01026--009 \*\*43.75

R. WHITE

FEB 15 2021

200356200932

## COVER LETTER

**TO: Amendment Section**  
**Division of Corporations**

**BREAKTHROUGHS ON A MISSION, INC.**

NAME OF CORPORATION: \_\_\_\_\_

N19000005717

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Emily Brown

Name of Contact Person

Breakthroughs On A Mission, Inc

Firm/ Company

87005 Professional Way

Address

Yulee, Florida

City/ State and Zip Code

[emily@missionbreakthroughs.org](mailto:emily@missionbreakthroughs.org)

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

For further information concerning this matter, please call:

Emily Brown

205

4949644

at (\_\_\_\_\_)

Name of Contact Person

Area Code &amp; Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

**■\$43.75 Filing Fee & Certificate of Status**

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2021

EMILY BROWN  
87005 PROFESSIONAL WAY  
YULEE, FL 32097

SUBJECT: BREAKTHROUGHS ON A MISSION, INC.  
Ref. Number: N19000005717

We have received your document for BREAKTHROUGHS ON A MISSION, 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):

CANNOT USE THE PROFIT BENEFIT FORM. Please see the enclosed information.

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 Supervisor

Letter Number: 921A00002075

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Breakthroughs On A Mission, Inc

**DOCUMENT NUMBER:** N19000005717

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

Please return all correspondence concerning this matter to the following:

Michael W Edwards

(Name of Contact Person)

Breakthroughs On A Mission, Inc

(Firm/ Company)

87005 Professional Way

(Address)

Yulee, Florida 32097

(City/ State and Zip Code)

emily@missionbreakthroughs.org

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

For further information concerning this matter, please call:

Michael W Edwards

(Name of Contact Person)

at ( 904 ) 849-1190

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
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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

2017-08-17 3:03

Breakthroughs On A Mission, Inc

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

N19000005717

(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:

Michael W Edwards

New Registered Office Address:

87005 Professional Way

(Florida street address)

Yulee

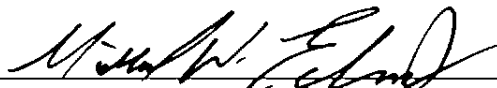
(City)

Florida 32097

(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:**

X Change                      PT        John Doe

X Remove                    V        Mike Jones

X Add                         SV        Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change	<u>V</u>	<u>Edwards, Michael W.</u>	<u>55131 Eden Place</u>
<u>      </u> Add			<u>Callahan, Florida. 32011</u>
<u>      </u> Remove			
2) <u>      </u> Change	<u>TD</u>	<u>Stokes, Leslie</u>	<u>26605 Rowe Road</u>
<u>      </u> Add			<u>Hilliard, Florida 32011</u>
<u>X</u> Remove			
3) <u>      </u> Change	<u>SD</u>	<u>Thomas, Joyce</u>	<u>55095 Eden Place</u>
<u>      </u> Add			<u>Callahan, Florida 32011</u>
<u>X</u> Remove			
4) <u>      </u> Change	<u>D</u>	<u>Edwards, Marty</u>	<u>55131 Eden Place</u>
<u>      </u> Add			<u>Callahan, Florida 32011</u>
<u>X</u> Remove			
5) <u>      </u> Change	<u>PSD</u>	<u>Emily Brown</u>	<u>87005 Professional Way</u>
<u>X</u> Add			<u>Yulee, Florida 32097</u>
<u>      </u> Remove			
6) <u>      </u> Change	<u>TD</u>	<u>Haley Haggard</u>	<u>2256 North Sherrilyn Drive</u>
<u>X</u> Add			<u>Birmingham, AL. 35226</u>
<u>      </u> Remove			

**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)*

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**Example:**

X Change                      PT        John Doe

X Remove                    V        Mike Jones

X Add                        SV        Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>D</u>	<u>Audra Knight</u>	<u>1232 Oakwood Ave NE</u>
<input checked="" type="checkbox"/> Add			<u>Huntsville, AL 35811</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
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4) <input type="checkbox"/> Change			
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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			

**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.*

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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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3 ) <input type="checkbox"/> Change <input type="checkbox"/> Add <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	_____	_____	_____ _____ _____

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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- ☐ 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 2-4-2021

Signature Michael W. Edwards  
(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)

Michael W. Edwards  
(Typed or printed name of person signing)

Vice-President / Director  
(Title of person signing)