

N20 0000 12012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

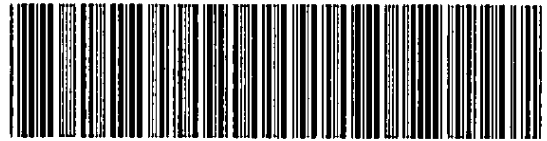
(Document Number)

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06/21/22--01012--019 **35.00

FILED
2022 JUN 21 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FL

COMING 2GETHER INC

1689 Biscayne Ave

South Daytona, FL 32119

Sharon Hawkins-Holden (P)

1689 Biscayne Ave

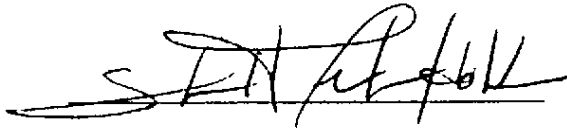
South Daytona, FL 32119

To: FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Coming 2gether is notifying Florida Department of state division of corporation of change to

Coming 2gather, office/directors. Janice white is listed as the S. There is a change, Janice white is leaves the corporation, Rose Addison is named the S. These should be noted as Janice white, S as Remove, and Rose Addison, S as Add.

Thanks

A handwritten signature in black ink, appearing to read 'SHARON HAWKINS-HOLDEN', written over a horizontal line.

Sharon Hawkins-Holden

June 16,2022

Genice White
953 North St
Daytona Beach, FL 32114

June 10, 2022

Sharon Hawkins-Holden
1689 Biscayne Ave
South Daytona, FL 32119

To: Sharon Hawkins-Holden DBA Coming 2gether Inc..

I, Genice White, request that my name is removed from the Articles of Corporation as Secretary from Coming 2gether Inc., so that I may pursue other endeavors.
Effective June 10, 2022.

Thanks



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Coming 2gether Inc.

DOCUMENT NUMBER: N20000012012

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

Please return all correspondence concerning this matter to the following:

Sharon Hawkins- Holden
(Name of Contact Person)

Coming 2gether Inc.
(Firm/ Company)

1689 Biscayne Ave.
(Address)

South Daytona, FL 32119
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Sharon Hawkins- Holden at 386-871-6662
(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 checked="" 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

2022 JUN 21 AM 11:42

Coming Together Inc SECRETARY OF STATE
(Name of Corporation as currently filed with the Florida Dept. of State) TALLAHASSEE, FL

N20000012012
(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:

N/A 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: N/A
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable: N/A
(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: N/A

(Florida street address)

New Registered Office 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>

<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 checked="" type="checkbox"/> Remove	<u>S</u>	<u>Genice White</u>	<u>953 North St</u> <u>Daytona Beach, FL 32114</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Rose Addison</u>	<u>875 Derbyshire Rd</u> <u>Apt 120</u> <u>Daytona Beach, FL 32117</u>
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	_____	_____	_____

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

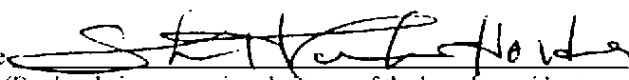
(attach additional sheets, if necessary). (Be specific)

N/A

Adoption of Amendment(s) (CHECK ONE)

- ☐ 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 06/14/2022

Signature 
(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)

Sharon Hawkins-Halden
(Typed or printed name of person signing)

President
(Title of person signing)