

N 21 000001355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

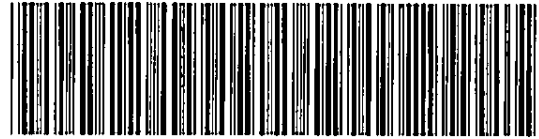
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900368253489

2021 AUG 9 10:30 AM

2021 AUG -9 AM 8:50  
SEC. DEPT. OF STATE  
TALLAHASSEE, FL

FILED

AUG 10 2021  
D. KIRBY



RECEIVED

2021 AUG -9 PM 1:44

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 20, 2021

DAPHNE THOMAS  
8935 RESERVE MANOR DRIVE  
TAMPA, FL 33626

SUBJECT: UNBROKEN DREAMS, INC.  
Ref. Number: N21000001388

We have received your document for UNBROKEN DREAMS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Articles of Correction must be filed within 30 days of the date that the original document was filed.

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.

Catherine M Brumbley  
Regulatory Specialist II

Letter Number: 421A00016788

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Unbroken Dreams Inc.

DOCUMENT NUMBER: N2/00000/388

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

Please return all correspondence concerning this matter to the following:

Daphne Thomas, President  
(Name of Contact Person)

Unbroken Dreams Inc.  
(Firm/ Company)

8935 Reserve Manor Drive  
(Address)

Tampa FL 33624  
(City/ State and Zip Code)

Unbroken Dreams Inc @ gmail. com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daphne Thomas at (757) 570-2060  
(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
  - \$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)
- (see attached - previously paid)

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

Unbroken Dreams Inc.

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

N21000001388

(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: \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address:

\_\_\_\_\_  
(City)

\_\_\_\_\_, Florida

\_\_\_\_\_  
(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

FILED  
2021 AUG -9 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

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 type="checkbox"/> Change <input type="checkbox"/> Add	<u>V</u>	<u>Chelsea Varnes</u>	<u>1912 Starling Street #110</u> <u>Chesapeake VA 23322</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>T</u>	<u>Mindy Houtz</u>	<u>12874 101st Way</u> <u>Large FL 33773</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Debbie Wells</u>	<u>500 Thrasher St. Unit 2102</u> <u>Norcross GA 30071</u>
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)

---



---



---



---



---



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 08/03/2021

Signature Daphne Thomas, President

(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)

Daphne Thomas  
(Typed or printed name of person signing)

President  
(Title of person signing)