

N21000001520

(Requestor's Name)

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(Business Entity Name)

(Document Number)

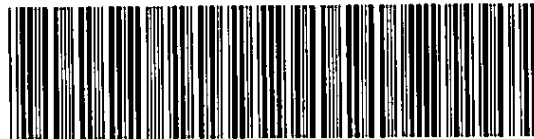
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FILED  
2021 NOV -8 AM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DAVID FAMUYIDE  
37 NORTH ORANGE AVENUE  
SUITE 500  
ORLANDO, FL 32801 US

2021 NOV -8 PM 11:57

SUBJECT: CARING WITH VITALITY AND COMPASSION INC  
Ref. Number: N21000001520

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

The document is illegible and not acceptable for imaging.  
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  
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Jasmine N Horne  
Regulatory Specialist II      Letter Number: 121A00025351

[www.sunbiz.org](http://www.sunbiz.org)  
Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida  
32314

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: CARING WITH VITALITY AND COMPASSION INC

DOCUMENT NUMBER: N21000001520

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

Please return all correspondence concerning this matter to the following:

David Famuyide

(Name of Contact Person)

Chisholm Law Firm, LLC

(Firm/ Company)

37 North Orange Avenue Suite 500

(Address)

Orlando, FL 32801

(City/ State and Zip Code)

legaldepartment@chisholmfirm.com

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

For further information concerning this matter, please call:

David Famuyide

407

6742657

at

(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)

**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

CVC

Articles of Amendment  
to  
Articles of Incorporation  
of

Caring With Vitality and Compassion Inc.

FILED

2021 NOV -8 AM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

N21000001520

(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:

\_\_\_\_\_, 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

AVC

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	PT	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	V	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	SV	<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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	T	<u>Sylvia Grandberry</u>	<u>6635 HIDDEN BEACH CIRCLE</u> <u>ORLANDO, FL 32819</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	T	<u>ANCILLA AKINYOOYE</u>	<u>2517 CALLA LILY</u> <u>KISSIMMEE, FL 34758</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	S	<u>DOLDIE DOMOND</u>	<u>6617 KRISTIN CT</u> <u>ORLANDO, FL 32818</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	S	<u>Keandra W Brown</u>	<u>6635 HIDDEN BEACH CIRCLE</u> <u>ORLANDO, FL 32819</u>
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			

OK

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

Effective date if applicable: \_\_\_\_\_  
(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 incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)"

Dated \_\_\_\_\_ 12/24/2021

Signature \_\_\_\_\_  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Carol V Cody

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)