

N21000013469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

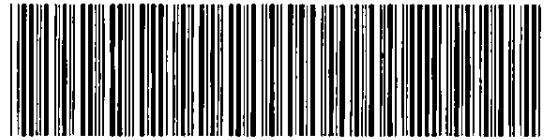
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HORSEPOWER FOR HEALING INC

DOCUMENT NUMBER: N21000013469

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

Please return all correspondence concerning this matter to the following:

VICTORIA NORRIS BASSOLS
(Name of Contact Person)

CAMPBELLS ENROLLED AGENTS & CO INC
(Firm/ Company)

405 TAMIAH TRAIL
(Address)

PUNTA GORDA FL 33950
(City/ State and Zip Code)

INFO@CAMPBELLSEA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTORIA NORRIS BASSOLS at 941 639-0680
(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 type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" 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

9986123 0015148

Articles of Amendment
to
Articles of Incorporation
of

HORSEPOWER FOR HEALING INC

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

N21000013469

(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)

1205 SETLIFFE CT

PORT CHARLOTTE FL 33948

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1205 SETLIFFE CT

PORT CHARLOTTE FL 33948

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:

New Registered Office Address:

(Florida street 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

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 P 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, P as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	V	TAUNA BOGLE	6175 WESTMINSTER ST PUNTA GORDA FL 33982
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	T	BRENNER BOGLE	6175 WESTMINSTER ST PUNTA GORDA FL 33982
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	S	KINSEY STAPLETON	1448 SE 21ST LANE CAPE CORAL FL 33990
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	MBR	JENNIFER LYNN SHELTON	2552 COLUMBUS ST FORT MYERS FL 33901
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	MBR	VICTORIA NORRIS BASSOLS	27263 WHITMAN AVE UNIT A PUNTA GORDA FL 33983
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	P	CARLA BENEFIELD	1205 SETLIFFE CT PORT CHARLOTTE FL 33948

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

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

ADDING OFFICERS AND MEMBERS AS STATED ABOVE

*** UPDATING ADDRESS FOR PRESIDENT CARLA BENEFIELD

Lined area for text entry.

SEP 26 11:54 AM '23

SEP 26 11:54 AM '23

The date of each amendment(s) adoption: 08/23/2023, 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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ 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 AUGUST 23, 2023

Signature Carla J. Benefield
(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)

CARLA BENEFIELD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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