

N31000014062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

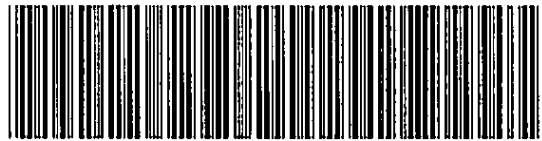
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2022 FEB -7 PM 3:47

SECRETARY OF STATE
FEB 7 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 FEB -7 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FL

January 13, 2022

TIFFINEY WILLIAMS
5087 EDGEWATER DRIVE
607173
ORLANDO, FL 33860

SUBJECT: FROM PRISON TO PURPOSE HOMES INC
Ref. Number: N21000014062

We have received your document and check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The current document number of the entity is as referenced above. Please correct your document accordingly. Please check ONLY (1) box on the amendment form regarding the adoption of the amendment(s).

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.

Querida R Silas
Regulatory Specialist II

Letter Number: 522A00001124

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: From Prison To Purpose Homes Inc

DOCUMENT NUMBER: N¹20004014062 JW
N2100004014062

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

Please return all correspondence concerning this matter to the following:

Tiffiney Williams
(Name of Contact Person)

From Prison To Purpose Homes Inc
(Firm/ Company)

(Address)

(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Tiffiney Williams at 786-212-3275
(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 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

From Prison To Purpose Homes Inc

2022 FEB -7 PM 3:47

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

U210000014062 / 873943904

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

New Registered Office Address:

(Florida street address)

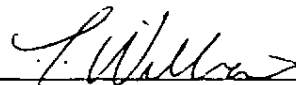
(City)

, 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 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 | 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 type="checkbox"/> Add | <u>P</u> | <u>Ebony Williams</u> | <u>5087 edgewater dr</u> <u>Orlando, FL 32860</u> #607173 |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change <input type="checkbox"/> Add | <u>P</u> | <u>Edrianna Lopez</u> | <u>5087 edgewater dr #</u> <u>Orlando, FL 32860</u> 607173 |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change <input type="checkbox"/> Add | <u>P</u> | <u>Latoya Billps</u> | <u>5087 edgewater dr #607173</u> <u>Orlando, FL 32860</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change <input type="checkbox"/> Add | | | |
| <input checked="" type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change <input type="checkbox"/> Add | <u>P</u> | <u>Monique Smith</u> | <u>5087 edgewater dr #607173</u> <u>Orlando, FL 32860</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change <input type="checkbox"/> Add | <u>P</u> | <u>Wendy Gomez</u> | <u>5087 edgewater dr #607173</u> <u>Orlando, FL 32860</u> |
| <input type="checkbox"/> Remove | | | |

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

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

 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 12-22-2021

Signature T. Williams
(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)

Tiffiney Williams
(Typed or printed name of person signing)

President T. Williams
(Title of person signing)