## N22000008499

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| (Ad                     | ldress)            |           |
| (Ci                     | ty/State/Zip/Phone | : #)      |
| PICK-UP                 | MAIT               | MAIL      |
| (Bu                     | isiness Entity Nam | ne)       |
| (Do                     | ocument Number)    |           |
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## **COVER LETTER**

**TO:** Amendment Section - Division of Corporations

|                                             | SIMON HOUSE MI                                      | SSION INC                                              |             |          |                                      |                 |             |                     |
|---------------------------------------------|-----------------------------------------------------|--------------------------------------------------------|-------------|----------|--------------------------------------|-----------------|-------------|---------------------|
| NAME OF CORPORATI                           | ON:                                                 |                                                        |             |          |                                      |                 |             |                     |
|                                             | N22000008499                                        |                                                        |             |          |                                      |                 |             |                     |
| DOCUMENT NUMBER:                            |                                                     |                                                        |             |          |                                      |                 |             |                     |
| The enclosed Articles of An                 | nendment and fee are sub                            | mitted for filing.                                     |             |          |                                      |                 |             |                     |
| Please return all correspond<br>BRIAN SCOTT | ence concerning this matte                          | er to the following                                    | :           |          |                                      |                 |             |                     |
|                                             |                                                     | (Name of Contac                                        | t Person)   | _        | -                                    |                 |             | _                   |
| SIMON HOUSE MISSION                         | INC                                                 |                                                        |             |          |                                      |                 |             |                     |
|                                             |                                                     | (Firm/ Comp                                            | any)        |          |                                      |                 |             | _                   |
| 3530 SUNSET AVE                             |                                                     | •                                                      |             |          |                                      |                 |             |                     |
|                                             |                                                     | (Address                                               | )           |          |                                      |                 |             |                     |
| MIMS, FL 32754                              |                                                     |                                                        |             |          |                                      |                 |             |                     |
|                                             |                                                     | (City/ State and Z                                     | ip Code)    |          |                                      |                 |             | _                   |
| 4everplanetzero@gmail.cor                   | m                                                   |                                                        | •           |          |                                      | 40              | ~           |                     |
|                                             | -mail address: (to be used                          | for future annual                                      | report noti | fication | 1)                                   | <del>- 국항</del> | 022         | _                   |
|                                             | ·                                                   |                                                        | report not  | iicanoi  | •)                                   | 行語              | 0CT         | #2.P77              |
| For further information con-                | cerning this matter, please                         | call:                                                  |             |          |                                      | 至至              | <del></del> | 4000 mg             |
| BRIAN SCOTT                                 |                                                     |                                                        | 321         |          | 747-8965                             | <i>≳</i> 3      | _           | ्र <del>ाच्या</del> |
|                                             |                                                     | <del> </del>                                           | at          |          | <del></del>                          | :29             | <u> </u>    | ; ;]<br>            |
| Enclosed is a check for the                 | (Name of Contact Person following amount made page) |                                                        |             |          | (Daytime Tele                        | ephone Nun      | 15.<br>1594 | , P. 255            |
| ☐ \$35 Filing Fee                           | □\$43.75 Filing Fee & Certificate of Status         | □\$43.75 Filing F<br>Certified Copy<br>(Additional cop |             | Certifi  | Filing Fee icate of Status iced Copy |                 |             |                     |

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

(Additional Copy is Enclosed)

## Articles of Amendment to Articles of Incorporation of

## SIMON HOUSE MISSION INC

| (Name of Corporation as currently filed with the Florid<br>N22000008499                                      | a Dept. of State)                                                           |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
|                                                                                                              | mber of Corporation (if known)                                              |
|                                                                                                              | tutes, this Florida Not For Profit Corporation adopts the following         |
| A. If amending name, enter the new name of the corpor                                                        | ration:                                                                     |
| name must he distinguishable and contain the word "corpo<br>"Company" or "Co." may not be used in the name.  | The new<br>oration" or "incorporated" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable:                                                        | 379 CHENEY HWY #223                                                         |
| (Principal office address MUST BE A STREET ADDRES                                                            | SS) TITUSVILLE, FL 32780                                                    |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                      | 379 CHENEY HWY #223                                                         |
| (Maining dutiess MAT BE A FOST OFFICE BOA)                                                                   | TITUSVILLE, FL 32780                                                        |
| D. If amending the registered agent and/or registered onew registered agent and/or the new registered office |                                                                             |
| Name of New Registered Agent:                                                                                |                                                                             |
| New Registered Office Address:                                                                               | (Florida street address)                                                    |
| New Registered Agent's Signature, if changing Register                                                       | (City) (Zip Code)                                                           |
| I hereby accept the appointment as registered agent. I am                                                    | jamular with and accept the obligations of the position.                    |
| <del></del>                                                                                                  | 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; CE() = Chief Executive Officer; CF() = 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:  X Change X Remove X Add                  | PT John De<br>V Mike Jo<br>SV Sally Si | <u>ones</u>                                |                                                  |
|----------------------------------------------------|----------------------------------------|--------------------------------------------|--------------------------------------------------|
| Type of Action (Check One)                         | Title                                  | Name                                       | <u>Addres</u> s                                  |
| 1) Change<br>Add                                   | <u>s</u>                               | JO SCOTT                                   | 3808 WETHERSFIELD CIR<br>TITUSVILLE, FL 32780 US |
| X Remove                                           |                                        |                                            |                                                  |
| 2) Change X Add                                    | <u>s</u>                               | JONATHAN WULF                              | 2511 S. 48TH ST<br>OMAHA, NE 68106 US            |
| Remove 3)Remove Add Remove                         |                                        | <del></del>                                |                                                  |
| 4) Change Add                                      |                                        |                                            |                                                  |
| Remove                                             |                                        |                                            |                                                  |
| 5) Change Add                                      | <del></del>                            |                                            |                                                  |
| Remove                                             |                                        |                                            |                                                  |
| 6) Change Add                                      |                                        |                                            |                                                  |
| Remove                                             |                                        |                                            |                                                  |
| E. If amending or addin<br>(attach additional shee |                                        | icles, enter change(s) here: (Be specific) |                                                  |
|                                                    |                                        |                                            |                                                  |
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|              |                                                                  |                                                                                             |                                       |
|              |                                                                  |                                                                                             |                                       |
| The          | date of each amendment(s) ad this document was signed.           | option:                                                                                     | , if other than the                   |
|              | _                                                                |                                                                                             |                                       |
| Effe         | ctive date <u>if applicable</u> :                                | (no more than 90 days after amendment file date)                                            |                                       |
|              |                                                                  | (no more than 90 days after amendment file date)                                            |                                       |
| Note<br>docu | If the date inserted in this blooment's effective date on the De | ck does not meet the applicable statutory filing requirements, partment of State's records. | this date will not be listed as the   |
| Ado          | ption of Amendment(s)                                            | (CHECK ONE)                                                                                 |                                       |
|              | The amendment(s) was/were ad was/were sufficient for approva     | opted by the members and the number of votes cast for the a                                 | mendment(s)                           |

|          | 07 OCT 2022                                                                                                                                                                                                                       |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dated    |                                                                                                                                                                                                                                   |
| Signatur | (By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
|          | BRIAN SCOTT                                                                                                                                                                                                                       |
|          | (Typed or printed name of person signing)                                                                                                                                                                                         |
|          |                                                                                                                                                                                                                                   |