

H22000008678
Division of Corporations
Florida Department of State
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
GIDEONLIFE THERAPEUTIC MENTORING CORP.**

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COVER LETTER

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GIDEONLIFE THERAPEUTIC MENTORING CORP.

DOCUMENT NUMBER: N22000008678

The enclosed *Articles of Amendment* and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON
(Name of Contact Person)

(Firm/ Company)

17350 STATE HWY 249 STE 220
(Address)

HOUSTON, TX 77064
(City/ State and Zip Code)

EFILE1234@INCFIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON at 1 888-462-3453
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Articles of Amendment
to
Articles of Incorporation
of

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GIDEONLIFE THERAPEUTIC MENTORING CORP.

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

N22000008678

(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:

476 RIVERSIDE AVE

(Florida street address)

New Registered Office Address:

JACKSONVILLE, Florida 32202

(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

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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 <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>MARSHA DANIEL</u>	<u>1317 EDGEWATER DRIVE</u> <u>SUITE 4714</u> <u>ORLANDO , FL 32804</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>INDIRA BERRY</u>	<u>1317 EDGEWATER DRIVE</u> <u>SUITE 4714</u> <u>ORLANDO , FL 32804</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P S D</u>	<u>AVIS BAILEY</u>	<u>1317 EDGEWATER DRIVE</u> <u>SUITE 4714</u> <u>ORLANDO , FL 32804</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T V D</u>	<u>EUSTACIO BAILEY</u>	<u>1317 EDGEWATER DRIVE</u> <u>SUITE 4714</u> <u>ORLANDO , FL 32804</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>TRACIE NEWTON</u>	<u>1317 EDGEWATER DRIVE</u> <u>SUITE 4714</u> <u>ORLANDO , FL 32804</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>KIMBERLY CRUZ</u>	<u>1317 EDGEWATER DRIVE</u> <u>SUITE 4714</u> <u>ORLANDO , FL 32804</u>

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

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

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☒ 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 10/10/2022

Signature Avis Bailey
(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)

Avis Bailey
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

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2022 OCT 11 AM 8:24
CLERK OF DISTRICT COURT
JACKSONVILLE, FL

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