

N93000002849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Returned
minutes.
Dr
04/13/10

Office Use Only



100175103471

04/12/10--01026--008 **35.00

FILED
10 APR 12 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M/C

B. CONNELL APR 13 2010

*HAVEN OF DIVINE LOVE,
THE NELSEN RESIDENCE INC.*



BUSINESS ADDRESS
2315 S.E. 15th Place
Cape Coral, Florida 33990
Telephone (239) 458-4229

MAILING ADDRESS
PMB 185
2323 Del Prado Blvd. S STE 7
Cape Coral, Florida, 33990-4611

*****A CHRISTIAN NON-PROFIT ORGANIZATION SERVING MANKIND*****

Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

April 8, 2010

Dear Sir/Madam,

Enclosed please find Articles of Amendment to Articles of Incorporation, together with Cover Letter and check in the amount of \$35.00.

To eliminate confusion, we will file our annual in approximately 10 days or when the new name is changed.

If there is any questions, please feel free to contact me at the above address and phone.

Respectfully,

A handwritten signature in cursive script that reads "Jerome F. Valenta".

Jerome F. Valenta
President

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HAVEN OF DIVINE LOVE,
THE NELSEN RESIDENCE INC

DOCUMENT NUMBER: N 93000002849

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

Please return all correspondence concerning this matter to the following:

JEROME F. VALENTA
(Name of Contact Person)

THE NELSEN RESIDENCE INC
(Firm/ Company)

PMB 185
2323 DEL PRADO BLVD S #7
(Address)

CAPE CORAL FL 33990
(City/ State and Zip Code)

J. VALENTA @ SBC GLOBAL. NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEROME F. VALENTA at (239) 458-4229
(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 checked="" 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

HAVEN OF DIVINE LOVE, THE NELSEN RESIDENCE, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N 93000002849

(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 NELSEN RESIDENCE INC.

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)

SAME

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

10 APR 12 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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)

_____, Florida
(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

CHANGING CORPORATION NAME BACK TO
THE NELSEN RESIDENCE INC. PURSUANT TO
BOARD OF DIRECTORS AUTHORIZATION ON
MARCH 6, 2010

The date of each amendment(s) adoption: MARCH 6, 2010
(date of adoption is required)

Effective date if applicable: MARCH 6, 2010
(no more than 90 days after amendment file date)

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 4-7-2010

Signature Jerome F. Valenta

(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)

JEROME F. VALENTA
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)