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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	FE CENTER OUTREACH SERVICES, INC
DOCUMENT NUMBER: N96000005227	
The enclosed Articles of Amendment and fee are sub-	-
Please return all correspondence concerning this matter	er to the following:
	SONAILY MOJICA
	(Name of Contact Person)
COMMUNITY LIF	E CENTER OUTREACH SERVICES, INC
	(Firm/ Company)
1	045 E NORMANDY BLVD
	(Address)
	DELTONA FL 32725
	(City/ State and Zip Code)
son	y@unexpectedkindness.com
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
SONAILY МОЛСА	386 259-9240 X 114
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Stallahassee, Ft, 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32361



August 21, 2018

SONAILY MOJICA 1045 E NORMANDY BLVD DELTONA BEACH, FL 32725-6497

SUBJECT: COMMUNITY LIFE CENTER OUTREACH SERVICES, INC.

Ref. Number: N96000005227

We have received your document for COMMUNITY LIFE CENTER OUTREACH SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you sent in is for changing the registered agent you can not change the officer/directors on this document. You will need to file articles of amendment for a non-profit corporation.

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.

Letter Number: 918A00017286

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

COMMUNITY LIFE CENTER OUTREACH SERVICES, INC.

(Name of Corporation as cur	rrently filed with the Florid	a Dept, of State)
	N96000005227	
(Document Nu	umber of Corporation (if kno	wn)
Pursuant to the provisions of section 617,1006, Florida Sta mendment(s) to its Articles of Incorporation:	atutes, this <i>Flòrida Not For I</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
		The new
ame must be distinguishable and contain the word "corpo Company" or "Co." may not be used in the name	oration" or "incorporated".	or the abbreviation "Corp," or "Inc,"
B. Enter new principal office address, if applicable:	1045 E NORMANDY	BLVD
Principal office uduress <u>MUST BE A STREET ADDRES</u>	DELTONA FL 32725	
. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		· - ·
	-	
. If amending the registered agent and/or registered o	office address in Florida, en	ter the name of the
). If amending the registered agent and/or registered one new registered agent and/or the new registered offic	office address in Florida, en ce address:	ter the name of the
). If amending the registered agent and/or registered of new registered agent and/or the new registered offic Name of New Registered Agent:	office address in Florida, en ce address:	ter the name of the
new registered agent and/or the new registered offic	office address in Florida, en ce address:	ter the name of the
new registered agent and/or the new registered offic Name of New Registered Agent:	ce address:	ter the name of the
new registered agent and/or the new registered offic	ce address:	la strect address)
new registered agent and/or the new registered offic Name of New Registered Agent:	<u>ce address:</u> (Flora	la strect address)
new registered agent and/or the new registered offic Name of New Registered Agent: New Registered Office Address:	ce address: (Flora:	la strect address)
Name of New Registered Agent: New Registered Office Address: When the new registered office Address: New Registered Office Address:	ce address: (Flora: (City) red Agent:	la strect address) Florida (Zip Code)
new registered agent and/or the new registered offic Name of New Registered Agent:	ce address: (Flora: (City) red Agent:	la strect address) Florida (Zip Code)
Name of New Registered Agent: New Registered Office Address: Wew Registered Office Address:	ce address: (Flora: (City) red Agent:	la strect address) Florida (Zip Code)
Name of New Registered Agent: New Registered Office Address: Wew Registered Office Address:	ce address: (Flora: (City) red Agent:	To street address) Florida (Zip Code) abligations of the position ad Avent, if changing
Name of New Registered Agent: New Registered Office Address: Wew Registered Office Address:	ce address: (Flora (City) red Agent: I familiar with and accept the	To street address) Florida (Zip Code) abligations of the position ad Avent, if changing
Name of New Registered Agent: New Registered Office Address: Wew Registered Office Address:	ce address: (Flora (City) red Agent: I familiar with and accept the	la strect address) Florida (Zip Code) r obligations of the position

If amending the Objects 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:

 $P = President; \ F = Fice President; \ T = Freasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Freasurer, Director would be PTD.$

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 Addi	<u>V</u> <u>M</u>	hn Doe ike Jones illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	C	HEATHER SCOFIELD	1448 GALENA TERRACE
Add _X Remove			DELTONA, FL 32725
2) X Change		ERIC RAIMUNDO	1185 OUTLOOK DRIVE
Add Remove			DELTONA, FL 32725
3.) X Change	<u> </u>	MIKE PUTKOWSKI	1045 E NORMANDY BLVD
Add			DELTONA, FL 32725
4) Change	<u> </u>	ROSE WILLIAMS	291 MITNIK DRIVE
Add X Remove			DELTONA FL 32738
5) Change	8	MADELINE DE JESUS	1045 E NORMANDY BLVD
X Add			DELTONA FL 32725
6) X Change		ELAINE D'ERRICO	1045 E NORMANDY BLVD
Add			DELTONA FL 32725
Remove			

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= Freasurer; S= Secretary; D= Director; TR= Frustee; 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: X_Change X_Remove X_Add	<u>V</u> <u>Mi</u>	h <u>n Doe</u> ike <u>Jones</u> Ily Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	7	SONIA SIERRA	1045 E NORMANDY BLVD
Add Remove			DELTONA, FL 32725
2) Change	D	VICTOR RAMOS	1045 E NORMANDY BLVD
X Add			DELTONA, FL 32725
Remove 3) Change	D	SUSAN MEEKER	1045 E NORMANDY BLVD
X Add			DELTONA, FL 32725
Remove 4) Change	۵	SONAILY MOJICA	1045 E NORMANDY BLVD
X Add	<u> </u>		DELTONA FL 32738
Remove			
5)Change		YVONNE LEVESQUE	1045 E NORMANDY BLVD
X Add			DELTONA FL 32725
Remove			
5) Change	CFO	NORMA WALTER	1045 E NORMANDY BLVD
Add			DELTONA FL 32725
X Remove			

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

The	e date of each amendment(s) add this document was signed.	August 22, 2018 option:	, if other than the
Effe	ective date <u>if applicable</u> :		
		(no more than 90) days after amendment file date))
<u>Not</u> doc	e: If the date inserted in this blocument's effective date on the Dep	k does not meet the applicable statutory filing requirem artment of State's records.	nents, this date will not be listed as the
Ada	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were add was/were sufficient for approval	pted by the members and the number of votes east for t	the amendment(s)
	There are no members or member adopted by the board of director	rs entitled to vote on the amendment(s). The amendmens.	ent(s) was/were
	Dated August 22,	2018	
	Signature	Ros	
	have not been	an or vice chairman of the board, president or other off selected, by an incorporator – if in the hands of a recei pointed fiduciary by that fiduciary)	ficer-if directors iver, trustee, or
		Eric Raimundo	
		(Typed or printed name of person signing))
		Chairman	
		(Title of person signing)	