

1796000005007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

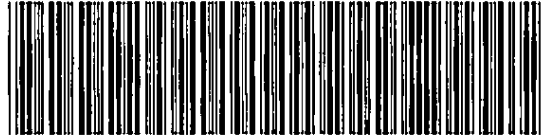
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 AUG 27 P 4 56

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AUG 28 2018

7:18:00 PM

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COMMUNITY LIFE CENTER OUTREACH SERVICES, INC

DOCUMENT NUMBER: N96000005227

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

Please return all correspondence concerning this matter to the following:

SONAILY MOJICA

(Name of Contact Person)

COMMUNITY LIFE CENTER OUTREACH SERVICES, INC

(Firm/ Company)

1045 E NORMANDY BLVD

(Address)

DELTONA FL 32725

(City/ State and Zip Code)

sony@unexpectedkindness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SONAILY MOJICA

(Name of Contact Person)

386

(Area Code)

259-9240 X 114

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
18 AUG 27 PM 12:10
SECRETARY OF
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 918A00017286

Articles of Amendment
to
Articles of Incorporation
of

COMMUNITY LIFE CENTER OUTREACH SERVICES, INC

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

N96000005227

(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)

1045 E NORMANDY BLVD

DELTONA FL 32725

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:

(Florida street address)

New Registered Office 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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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> |

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--|--------------|--------------------------|---|
| 1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>C</u> | <u>HEATHER SCOFIELD</u> | <u>1448 GALENA TERRACE</u> <u>DELTONA, FL 32725</u> |
| 2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>C</u> | <u>ERIC RAIMUNDO</u> | <u>1185 OUTLOOK DRIVE</u> <u>DELTONA, FL 32725</u> |
| 3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>V</u> | <u>MIKE PUTKOWSKI</u> | <u>1045 E NORMANDY BLVD</u> <u>DELTONA, FL 32725</u> |
| 4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>S</u> | <u>ROSE WILLIAMS</u> | <u>291 MITNIK DRIVE</u> <u>DELTONA FL 32738</u> |
| 5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>S</u> | <u>MADELINE DE JESUS</u> | <u>1045 E NORMANDY BLVD</u> <u>DELTONA FL 32725</u> |
| 6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>T</u> | <u>ELAINE D'ERRICO</u> | <u>1045 E NORMANDY BLVD</u> <u>DELTONA FL 32725</u> |

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.

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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> |

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--|--------------|------------------------|---|
| 1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>T</u> | <u>SONIA SIERRA</u> | <u>1045 E NORMANDY BLVD</u> <u>DELTONA, FL 32725</u> |
| 2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>D</u> | <u>VICTOR RAMOS</u> | <u>1045 E NORMANDY BLVD</u> <u>DELTONA, FL 32725</u> |
| 3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>D</u> | <u>SUSAN MEEKER</u> | <u>1045 E NORMANDY BLVD</u> <u>DELTONA, FL 32725</u> |
| 4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>D</u> | <u>SONALY MOJICA</u> | <u>1045 E NORMANDY BLVD</u> <u>DELTONA FL 32738</u> |
| 5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>D</u> | <u>YVONNE LEVESQUE</u> | <u>1045 E NORMANDY BLVD</u> <u>DELTONA FL 32725</u> |
| 6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>CFO</u> | <u>NORMA WALTER</u> | <u>1045 E NORMANDY BLVD</u> <u>DELTONA FL 32725</u> |

August 22, 2018

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 August 22, 2018 _____

Signature  _____

(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)

Eric Raimundo

(Typed or printed name of person signing)

Chairman

(Title of person signing)