

N9700000 4510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

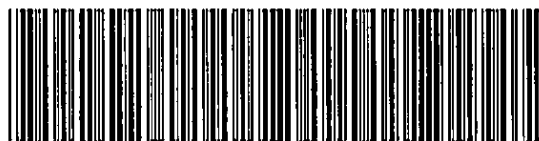
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2020 APR -8 P 3:08

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2020 MAR -2 PM 10:55

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2020

Maurice Campbell
P.O. Box 881
Fort Meade, FL 33841

SUBJECT: THE HOUSE OF ISRAEL, INC.
Ref. Number: N97000004510

We have received your document for THE HOUSE OF ISRAEL, 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 capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

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.

Annette Ramsey
OPS

Letter Number: 020A00007004

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE HOUSE OF ISRAEL, INC

DOCUMENT NUMBER: N97000004510

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

Please return all correspondence concerning this matter to the following:

MAURICE CAMPBELL
(Name of Contact Person)

(Firm/ Company)

P O BOX 881
(Address)

FORT MEADE, FL 33841
(City/ State and Zip Code)

maurnls863@centurylink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAURICE CAMPBELL 863 712-2774
at
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

THE HOUSE OF ISRAEL, INC

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

N97000004510

(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:

New Registered Office Address:

(Florida street 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

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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.

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Address

5752 Woodruff Way
Lakeland, FL 33812

1025 Morning Star Drive
Lakeland, FL 33810

P O Box 736
Fort Meade, FL 33841

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

..ARTICLE III

THIS ORGANIZATION PROVIDES HOUSING, SUPPORT SERVICES & BIBLICAL PRINCIPLES TO INDIVIDUALS 18 YRS & OLDER WITH ADDICTIVE BEHAVIOR TO HELP THEM BECOME SELF-SUFFICIENT. IN ADDITION, WE PROVIDE HOUSING, SUPPORT SERVICES, BIBLICAL PRINCIPLES & DAILY ACTIVITIES TO AGING PEOPLE WITH DISABILITIES TO ASSIST THEM WITH THEIR DAILY LIVING.

[illegible]

Effective date if applicable: MARCH 16, 2020
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ 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 MARCH 16, 2020

Signature M. Campbell
(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)

MAURICE CAMPBELL

(Typed or printed name of person signing)

M. Campbell Executive Director
(Title of person signing)