

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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MAY 18 2017 R. VVHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: RADHA KRISHN	NA MANDIR AND YOGA	CENTER, INC.
DOCUMENT NUMBE	N98000007042		
The enclosed Articles of	*Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
R	OBERT PEKALA		
_		Name of Contact Persor	1
_		Firm/ Company	
3	001 FIRST STREET		
		Address	
S	T. AUGUSTINE, FL 32084	1	
		City/ State and Zip Code	•
KRISH	NASTAUGUSTINE@GM	AΠCOM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information of	concerning this matter, pleas		
ROBERT PEKALA		at (662	334-22 11
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	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	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2017

ROBERT PEKALA 3001 FIRST ST ST AUGUSTINE, FL 32084

SUBJECT: RADHA KRISHNA MANDIR AND YOGA CENTER, INC.

Ref. Number: N98000007042

We have received your document for RADHA KRISHNA MANDIR AND YOGA CENTER, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Rebekah White Regulatory Specialist II

Letter Number: 517A00008783

SS:8 Hd LIAWAZI

www.sunbiz.org

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Radha Krishna Mandir And Yoga Center, INC.				
DOCUMENT NUMBER: N98000007042				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Robert J. Pekala				
(Name of Contact Person)				
·				
(Firm/ Company)				
3001 1st Street (Address)				
· · · · · · · · · · · · · · · · · · ·				
St. Augustive Florida 32084 (City/State and Zip Code)				
(City/ State and Zip Code)				
E-mail agriress: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Bob Pekala at 662-234-22// (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 \$\bigcup \\$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) \$\bigcup \\$52.50 Filing Fee & Certificate of Status (Additional Copy is Enclosed) \$\bigcup \\$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

17 HAY 17 PM 2: 04

Attick	of	17 11KT 17 PM Z: U4
Radha Krishna Mandir A		enter INC.
(Name of Corporation as curren	tly filed with the Florid	da Dept. of State)
N98000007042		
(Document Numb	oer of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Florida Statutamendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
Krishna House of name must be distinguishable and contain the word "corpora	St. Augus	tine NC _ The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	NA	1
(Principal office address <u>MUST BE A STREET ADDRESS</u>	)	,
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	11/0	
(Mutung address MAY BE A FOST OFFICE BOX)		
	,	
D. If amending the registered agent and/or registered offi		nter the name of the
new registered agent and/or the new registered office a	iddress:	
Name of New Registered Agent:	N/A	
New Registered Office Address:	(Flor	ida street address)
	V/A	
	(A)	, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am fa	miliar with and accept th	ne obligations of the position.
•	NA	
·	ignature of New Register	red 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)

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 <math>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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change Add Remove			N/A	·
2) Change Add			N/A	
Remove 3 ) Change Add Remove	•		N/A	
4) Change			N/A	
Remove 5) Change Add			N/A	
Remove 6) Change Add			NA	
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
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	e date of each amendment(s) ac this document was signed.	option:	, if other than the
Eff	ective date <u>if applicable</u> :	NA (no more than 90 days after amendment file dat	re)
	e: If the date inserted in this bloument's effective date on the De	ck does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were a was/were sufficient for approve	dopted by the members and the number of votes cast fo	or the amendment(s)
Ø	There are no members or mem adopted by the board of direct	pers entitled to vote on the amendment(s). The amendments.	ment(s) was/were
	Dated	ay 15, 2017	
	have not be	man or vice chairman of the board, president or other con selected, by an incorporator – if in the hands of a recappointed fiduciary by that fiduciary)	
		Robert J. Pekala (Typed or printed name of person signing)	ng)
		President (Title of person signing)	