# Pa 1000049745

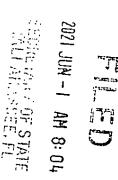
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

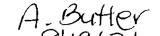




200371771002

06/01/21--01047--024 \*\*43.75





# **COVER LETTER**

TO: Amendment Section Division of Corporations	$\bigcirc$		^
NAME OF CORPORATIONS DOCUMENT NUMBER:	h)veq P210	ms TO [	Destiny Inc.
The enclosed Articles of Amend	lment and fee are su	ubmitted for filing.	
Please return all correspondence	concerning this ma	atter to the following:	
	LAKESH	AIA B G Name of Contact Perso	UBUCT
DV	ezms-	10 Dertini Firm/Company	floc.
	2617 (	Wenue (	<u> </u>
	Rivera	Address Slach	Doride 33404
^	1	City/ State and Zip Cod	é
E-ma	Veams	2 desting tr sed for future annual report	occognal. Con
For further information concerni	ng this matter, pleas	se call:	
Jakenshie B. (	Julbert	ai (561	346-1673
Name of Contact	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	wing amount made	payable to the Florida Dep	artment of State:
	3.75 Filing Fee & tificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addr Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	rporations	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment

to

# Articles of Incorporation

DOC .	of	1.	
DKEAM TO	DESTINY	INC	
(Name of Corporation as	currently filed with the	Florida Dept. of State)	
P2100	000447	45	
(Document N	lumber of Corporation (if	known)	
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	ites, this <i>Flarida Profit Co</i>	orporation adopts the follow	ving amendment(s) to
A. If amending name, onter the new name of the corporation	ation:		
DREAMS TO	DESTIN	INC	The new
name must be distinguishable and contain the word "corpord "Inc.," or Co.," or the designation "Corp.," "Inc," or "chartered," "professional association." or the abbreviatio	"Co". A professional co	corporated" or the abbrevia prporation name must cont	ition "Corp.," tain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	<u></u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		nter the name of the	
Name of New Registered Agent			<del></del>
	loridu street address)		<del>-</del>
New Registered Office Address:	ioriaa sireei aaaressy	#1	
New Neghierea Office Madress.	(Ciny)	, Florida(Zij	p Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. Lam fi	d Agent: amiliar with and accept th	se obligations of the position	1.
Sahe	Mis B.	Silvert	<del></del>
Signature o	of New Registered Agent, i	fchanging	
Cheek if applicable			

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

X Change	<u>PT</u>	<u>John Do</u>	<u>c</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Joi	nes	
X Add	<u>\$Y</u>	Sally Sm	<u>uith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		·
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change	<del></del>			
Add				
Remove				
5) Change		<u>.</u> .		
Add				
Remove				
5) Change				
Add				
Remove				

(Attach additional sheets, if necessary).	(Be specific)
- <del></del>	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:
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 incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
Dated July 23, 2021 Signature Daher 3 Bilbert
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
LAKESHIA B GILBERT
(Typed or printed name of person signing)
President
(Title of person signing)

•

Date of this notice: 05-25-2021

Employer Identification Number:

87-0864483

Form: SS-4

Number of this notice: CP 575 A

DREAMS TO DESTINY INC % LAKESHIA B GILBERT 2617 AVENUE Q RIVIERA BEACH, FL 33404

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

# WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-0864483. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

04/15/2022

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

# IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The TRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is DREA. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.



Department of State / Division of Corporations / Search Records / Search by Entity Name /

# **Detail by Entity Name**

Florida Profit Corporation DREAM TO DESTINY INC

Filing Information

**Document Number** 

P21000049745

FEI/EIN Number

NONE

Date Filed

05/26/2021

Effective Date

05/25/2021

State

FL

**Status** 

**ACTIVE** 

## Principal Address

2617 AVENUE Q

RIVIERA BEACH, FL 33404 UN

## Mailing Address

2617 AVENUE Q

RIVIERA BEACH, FL 33404 UN

## Registered Agent Name & Address

B GILBERT, LAKESHIA B

2617 AVENUE O

RIVIERA BEACH, FL 33404

## Officer/Director Detail

Name & Address

Title P

B GILBERT, LAKESHIA B 2617 AVENUE Q RIVIERA BEACH, FL 33404 UN

## Annual Reports

No Annual Reports Filed

### Document Images

05/26/2021 -- Domestic Prolit

View image in PDF format



July 16, 2021

LAKESHIA B GILBERT 2617 AVENUE Q RIVIERA BEACH, FL 33404 US

SUBJECT: DREAM TO DESTINY INC

Ref. Number: P21000049745

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a BENEFIT/SOCIAL PURPOSE CORPORATION, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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.

Jasmine N Horne Regulatory Specialist II

Letter Number: 721A00016342

Email: jasmine horne Odos, myflorida.com



August 6, 2021

LAKESHIA B GILBERT 2617 AVENUE Q RIVIERA BEACH, FL 33404 US

SUBJECT: DREAM TO DESTINY INC

Ref. Number: P21000049745

We have received your document for DREAM TO DESTINY INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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.

Jasmine N Horne Regulatory Specialist II

Letter Number: 021A00018615