

F07000001289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

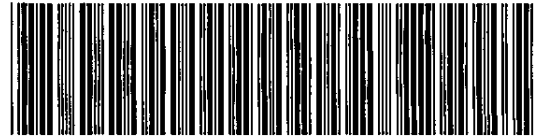
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 AUG -7 AM 10:17

C. LEWIS  
AUG 18 2014  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2014

BRUCE CLARK / COMMUNITY WELFARE SERVICES  
5566 OJIBWA RD.  
BRAINERO, MN 56401 US

SUBJECT: COMMUNITY WELFARE SERVICES INC.  
Ref. Number: F07000001289

We have received your document for COMMUNITY WELFARE 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):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 214A00016346

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Community Welfare Services Inc

Name of Corporation

**DOCUMENT NUMBER:** F07000001289

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Bruce Clark**

Name of Contact Person

**Community Welfare Services**

Firm/Company

**5566 Ojibwa Rd**

Address

**Brainerd, MN 56401**

City/State and Zip Code

**bruceclark11@aol.com**

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

For further information concerning this matter, please call:

**Bruce Clark**

Name of Contact Person

at ( **651** ) **260-8394**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 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

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F07000001289

(Document number of corporation (if known))

14 AUG -7 AM 10:17  
STATE DEPARTMENT OF STATE  
CORPORATIONS

1. Community Welfare Services Inc.  
(Name of corporation as it appears on the records of the Department of State)

2. Minnesota (Incorporated under laws of) 3. 3/7/2007 (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 7/15/2014

5. United Partners Outreach, Inc.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

Outreach Awareness  
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.  
  
\_\_\_\_\_ (New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.  
  
\_\_\_\_\_ (New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Bruce Clark  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Bruce Clark  
(Typed or printed name of person signing)

President  
(Title of person signing)



**Work Item 769602300025**  
**Original File Number 1416255-3**

**STATE OF MINNESOTA**  
**OFFICE OF THE SECRETARY OF STATE**  
**FILED**  
**07/15/2014 11:59 PM**

*Mark Ritchie*

**Mark Ritchie**  
**Secretary of State**

**Office of the Minnesota Secretary of State**  
**Minnesota Business & Nonprofit Corporations**  
**Amendment to Articles of Incorporation**  
*Minnesota Statutes, Chapter 302A or 317A*



Read the instructions before completing this form.  
Filing Fee: \$55 for expedited service in-person and online filings, \$35 for mail.

1. Corporate Name: (Required)

Community Welfare Services Inc.

*List the name of the company prior to any desired name change*

2. This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

Format: (mm/dd/yyyy)

3. The following amendment(s) to articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional pages.

**ARTICLE 1**

Article 1 shall be deleted in its entirety and replaced with the following:

The name of the corporations is: United Partners Outreach, Inc.

4. This amendment has been approved pursuant to *Minnesota Statutes*, Chapter 302A or 317A.

5. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

*Bruce Clark*  
Signature of Authorized Person or Authorized Agent

7/11/14  
Date

**Email Address for Official Notices**

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

bclark@cwscorp.com

Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime phone number of a person who can be contacted about this form:

Nathan Thomas

816-218-1323

Contact Name

Phone Number

Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the MN Dept. of Agriculture's Corporate Farm Program.

Does this entity own, lease, or have any financial interest in agricultural land or land capable of being farmed?

**STATE OF MINNESOTA**

DEPARTMENT OF STATE

I hereby certify that this is a true and complete copy of the document as filed for record in this office.

DATED 8/11/2014

Mark Ritchie

Secretary of State



By

Terese Alms