



**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Florida Philanthropic Network, Inc.

DOCUMENT NUMBER: NO3000000312

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

Please return all correspondence concerning this matter to the following:

Robert Mc Falls

(Name of Contact Person)

Florida Philanthropic Network

(Firm/ Company)

1211 N. Westshore Blvd., Suite 314

(Address)

Tampa / FL 33607

(City/ State and Zip Code)

bob@fpnetwork.org

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

For further information concerning this matter, please call:

Carla Batts

(Name of Contact Person)

at (813) 983-7399

(Area Code) (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

Articles of Amendment  
to  
Articles of Incorporation  
of

Florida Philanthropic Network, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

NO3000000312

(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:**

NIA 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**)

NIA

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

NIA

**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: Robert McFall

1211 N. Westshore Blvd., Suite 314 Tampa, FL 33607  
(Florida street address)

New Registered Office Address:

NIA, Florida  
(City) (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.*

Robert McFall

Signature of New Registered 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 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>C</u>	<u>Patricia (Patty) Maddox</u>	<u>220 Edinburgh Drive</u> <u>Winter Park, FL 32792</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Térese Condreant Curiel</u>	<u>200 South Biscayne Blvd.</u> <u>Suite 3300</u> <u>Miami, FL 33131</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Kim Bentley</u>	<u>111 Jim Moran Blvd.</u> <u>Deerfield Beach, FL 33442</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Nancy Giducko</u>	<u>Walt Disney World Resort</u> <u>Orlando, FL 32830</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Teri Hansen</u>	<u>2 North Tamiami Trail</u> <u>Suite 314</u> <u>Sarasota, FL 34236</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Eric Kelly</u>	<u>2701 North Australian Ave.</u> <u>Suite 200</u> <u>West Palm Beach, FL 33407</u>

Continued Attachment for Amendment to Officers/Directors for Florida Philanthropic Network:

<u>Type of Action</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
✓ 7.) Add	D	Cory Reeves	601 Tamiami Trail South Venice, FL 34285
✓ 8.) Change	D	Ashley Smith Juarez	1614 Dunsford Road Jacksonville, FL 32207
✓ 9.) Change	D	Marlene Spalten	550 North Reo Street, Suite 301 Tampa, FL 33609
✓ 10.) Change	D	Susan Towler	4800 Deerwood Campus Parkway, Building 300 Jacksonville, FL 32246
✓ 11.) Remove	D	Javier Soto	40 NW 3rd Street, Suite 305 Miami, FL 33128
✓ 12.) Add	PCEO	Robert McFalls	1211 N. Westshore Blvd., Suite 314 Tampa, FL 33607
✓ 13.) Remove	PCEO	Stacy Carlson	1211 N. Westshore Blvd., Suite 314 Tampa, FL 33607

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

N/A

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 4-17-17

Signature Robert McFall  
(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)

Robert McFall  
(Typed or printed name of person signing)

President & CEO  
(Title of person signing)