

NO9000010173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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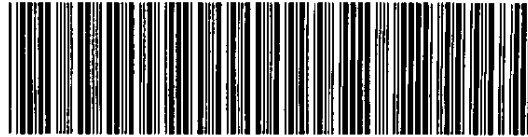
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TREASURY DIVISION

AUG 13 2015

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The National Community Network

DOCUMENT NUMBER: NO 9000010173

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

Please return all correspondence concerning this matter to the following:

Ella Williams
(Name of Contact Person)

The National Community Network
(Firm/ Company)

917 Ave A
(Address)

Alton Park FL 33825
(City/ State and Zip Code)

revella@embargoemail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ella Williams at 863 257-5302
(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 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

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

N090000010173

(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**)

923 Ave A

Avon Park FL 33825

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 903

Avon Park FL
33825

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:

ELLA Williams

923 Ave A

(Florida street address)

New Registered Office Address:

Avon Park

(City)

Florida

(Zip Code)

33825

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

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>

Type of Action
(Check One)

Title

Name

Address

- 1) ☐ Change CFD Knowles, Beyonce Queen 917 South Ave A
☐ Add Avon Park Fl 33825
☒ Remove _____
- 2) ☐ Change D Dwens, Dana E Queen 917 Ave A
☐ Add Avon Park Fl
☒ Remove 33825
- 3) ☒ Change V Lusum Clarkson 917 Ave A
☐ Add Avon Park Fl
☐ Remove 33825
- 4) ☒ Change CEOT Noniladae Ford 923 Ave A
☒ Add Avon Park Fl
☐ Remove 33825
- 5) ☒ Change D Teneshia Williams 923 Ave A
☐ Add Avon Park Fl
☐ Remove 33825
- 6) ☒ Change TR Eunice Williams 923 Ave A
☐ Add Avon Park Fl
☐ Remove 33825

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:

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Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- 1) ☐ Change
☐ Add
☒ Remove
P/CEO/C Jones Paul Messiah 923 Ave A
Alton Park FL
33825
- 2) ☒ Change
☐ Add
☐ Remove
P/CEO Ellie Williams 923 Ave A
Alton Park FL
33825
- 3) ☐ Change
☐ Add
☒ Remove
S Nasquib Hardy 917 Ave A
Alton Park FL
33825
- 4) ☒ Change
☐ Add
☐ Remove
S Linda Rousseau 923 Ave A
Alton Park FL
33825
- 5) ☐ Change
☐ Add
☒ Remove
V/TR Jackson, Janet D Ann 923 Ave D
Alton Park FL
33825
- 6) ☐ Change
☐ Add
☒ Remove
D Proctor Nazirah Paul 917 Ave A
South
New York FL
33825

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.

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Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	C	Raymond Jones	923 Ave A Avon Park FL. 33825
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	VC	Lorenzo Jones Lorenzo Jones	923 Ave A Avon Park FL 33825
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

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

ALFONSO William HR - Human Resource (Director)

STANWANDA ADAMS - Media Director of Communication

The date of each amendment(s) adoption: 8/5/2015, 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 _____

Signature

Ella NG
(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)

Ella Williams

(Typed or printed name of person signing)

President / CEO

(Title of person signing)