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# **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BIG BEND FRONT PORCH MINISTRIES, INCORPORATED

DOCUMENT NUMBER:	N11000006051				
The enclosed Articles of An	nendment and fee are subm	nitted for filing.			
Please return all corresponde	ence concerning this matte	r to the following:			
DR. DURWOOD FOSHEE	:				
	<del></del>	(Name of Contact Person	)		
BIG BEND FRONT PORC	H MINISTRIES, INCOR	PORATED			
2000		(Firm/ Company)			_
P.O. BOX 13766					
		(Address)	11-	. ,	_
TALLAHASSEE, FL 3231	7-3766				
		(City/ State and Zip Code	;)		_
CLPEAVY@AOL.COM					
E	-mail address: (to be used	for future annual report n	otification	)	-
For further information cond	erning this matter, please	call:			
CINDY PEAVY		at	850-879-		
	(Name of Contact Person)			(Daytime Telephone Number)	_
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida Depar	rtment of S	State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif (Add	0 Filing Fee icate of Status Ted Copy itional Copy is losed)	
Mailine A	Address	Street A	Address		

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# Articles of Amendment to Articles of Incorporation of

## BIG BEND FRONT PORCH, INCORPORATED

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

### N11000006051

(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:

### BIG BEND FRONT PORCH MINISTRIES, INCORPORATED

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 <u>MUST BE A STREET ADDRESS</u>)

No change

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

No change

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18 AUG 13 PM 2: 52
18 AUG 13 PM 2: 52

D. <u>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:</u>

Name of New Registered Agent: No change

New Registered Office Address: No change

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 remove	ved and title, name, and
addr	ess of each Officer and/or Directo	or 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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
No changes			
		nal Articles, enter chan sary). (Be specific)	ge(s) here:
No changes			
The date of each an	nendment(s) a	doption:	_ if other than the date this document was signed.
Effective date if app (no more than 90 day		ment file date)	
		ock does not meet the ap epartment of State's reco	oplicable statutory filing requirements, this date will not be listed as the ords.
Adoption of Amend	ment(s)	(CHECK ONE	)
☐ The amenda was/were suffici		-	pers and the number of votes cast for the amendment(s)
There are no adopted by the b	oard of directe		on the amendment(s). The amendment(s) was/were

Signature \_

(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)

## PAMELA KING

(Typed or printed name of person signing)

**INCORPORATOR** 

(Title of person signing)