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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 22, 2008

ROY PAUL LACKEY NEIGHBORHOOD FAMILUY CENTERS COALITION 4500 140TH AVENUE N., SUITE 220 CLEARWATER, FL 33762-3845

SUBJECT: NEIGHBORHOOD FAMILY CENTERS COALITION, INC.

Ref. Number: N99000004832

We have received your document for NEIGHBORHOOD FAMILY CENTERS COALITION, 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.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If there are <u>MEMBERS ENTITLED TO VOTE</u> on a proposed amendment, the document must contain: (1) the date of adoption of the amendment by the members and (2) a statement that the number of votes cast for the amendment was sufficient for approval.

If there are <u>NO MEMBERS OR MEMBERS ENTITLED TO VOTE</u> on a proposed amendment, the document must contain: (1) a statement that there are no members or members entitled to vote on the amendment and (2) the date of adoption of the amendment by the board of directors.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

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Letter Number: 908A00004464

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COL	rporation: <u>Neighb</u>	erhood Family	Centers Coalition
DOCUMENT N	NUMBER: <u>N</u> 99	00000 4832	2
The enclosed Ar	ticles of Amendment and fee	are submitted for filing	•
Please return all	correspondence concerning th	nis matter to the followi	ng:
	Roy Paul (Name of	Lackey Contact Person)	U603406
8: 00 TATE ORIDA	Jeighborhood Far (Firm	ruly Centos (Company)	Coalition
AM 8	500 140 th aues		•
2008 JAN 18 SECRETARY ALLAHASSI	Clearwater (City/Stat		
200 SE TAL	(City/ Stat	e and Zip Code)	
For further infor	mation concerning this matter	, please call:	
Ruth	E. GOLTZ.	at (727)	531- 1980
(N	Name of Contact Person)	(Area Code &	Daytime Telephone Number)
Enclosed is a che	eck for the following amount:		
☑\$35 Filii	ng Fee \$\sum \$\\$43.75\$ Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Iailing Address	Street Ad	
	mendment Section ivision of Corporations	Amendme Division o	nt Section f Corporations
	O. Box 6327	Clifton Bu	•
	allahassee, FL 32314		utive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

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

N 9900000 4832
(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:

NEW CORPORATE NAME (if changing):

CORE MANAGEMENT (must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation) AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

(Attach additional pages if necessary) (continued)

The date of adoption of the amendment(s) was:
Effective date if applicable: 1/1/2008 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.
Signature Signat
(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.
(Typed or printed name of person signing)
EXECUTINE DIRECTOR (Title of person signing)
(Title of person signing)

FILING FEE: \$35