732255

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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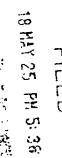


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Big Brothers Big Sist	ers of Central Flor	ida, Inc.	····
DOCUMENT NUMBER:	732258			
The enclosed Articles of Amendi				
Please return all correspondence				
Alison Ware				
	(Name of Contact F	Person)	
Big Brothers Big Sisters of Cent	ral Florida, Inc.			
-		(Firm/ Compar	ıy)	
807 South Orlando Ave., Suite F				
		(Address)	·	
Winter Park, FL 32789				
	(1	City/ State and Zip	Code)	
aware@bbbsctl.org				
E-mai	l address: (to be used l	or future annual re	port notificatio	n)
For further information concerning	ng this matter, please c	all:		
Alison Ware		a		478-2996 x 117
(Nai	ne of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follow	ving amount made pay	able to the Florida	Department of	State:
	\$43.75 Filing Fee & E Certificate of Status		Certif is Certif (Addi	0 Filing Fee Teate of Status Ted Copy Tional Copy is Toosed)
<u>Mailing Addr</u> Amendment Se			treet Address mendment Sect	ion

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

(Name of Corporation as curre	ntly filed with the Flor	ida Dant, of State)
732258	nuv med with the Flor	ida Dept. of State)
	ber of Corporation (if ki	nown)
(Document Nam	or corporation (if it	,
rsuant to the provisions of section 617.1006, Florida Statu nendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the followin
If amending name, enter the new name of the corpora	tion:	
		The nev
me must be distinguishable and contain the word "corpor company" or "Co." may not be used in the name.	ation" or "incorporated	l" or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable:		
rincipal office address <u>MUST BE A STREET ADDRESS</u>	<u> </u>	9
		8 MAY 25 PM 5:
		7
		25
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		
(maining dudress mail be a four of rice box)		S C
		₹
If amending the registered agent and/or registered off		enter the name of the
new registered agent and/or the new registered office	<u>address:</u>	
Name of New Registered Agent:	<u> </u>	
	(FI	orida street address)
New Registered Office Address:		
		, Florida
	(Citv)	(Zip Code)
	•	·
w Registered Agent's Signature, if changing Registered	d Agent:	

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: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe le Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Michael G. Andriano	807 South Orlando Ave.
Add			Suite R
X Remove			Winter Park, FL 32789
2) Change	CEO	Keith Padgett	807 South Orlando Ave.
X Add			Suite R
Remove			Winter Park, FL 32789
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	
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<u>-</u>	
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The date of each amendmen late this document was signed		, if other than the
Effective date <u>if applicable</u> :	May 1, 2018	
	(no more than 90) days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for theamendment(s) approval.	
☐ There are no members o adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated 5/23	<u> </u>	
Signature		_
have	ne chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
Ti	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
V	ice President	
_	(Title of person signing)	