## 132258

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:Big Brothers Big	Sisters of Central	Florida, Inc.	
732258 DOCUMENT NUMBER:		<u></u>	
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the followir	g:	
Alison Ware			
	(Name of Conta	ct Person)	
Big Brothers Big Sisters of Central Florida, Inc.			
	(Firm/ Con	ipany)	
618 E. South Street, Suite 500			
	(Addre	ss)	
Orlando, FL 32801			
	(City/ State and	Zip Code)	
aware@bbbscfl.org			
E-mail address: (to be us	sed for future annu	al report notification	n)
For further information concerning this matter, plea	se call:		
Alison Ware		407 at	478.2996 x 117
(Name of Contact Pers	on)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Flo	rida Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Statu	& \$\Bigsize \$\\$43.75 \text{Filing} as Certified Cop (Additional copiesed)	opy is Certi opy is Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is losed)
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Sec Division of Corp	oorations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Big Brothers Big Sisters of Central Florida, Inc.

(Name of Corporation as current	ly filed with the Florida Dept. o	of State)		
732258	<del></del>			
(Document Numbe	r of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Con	rporation adopts the following		
A. If amending name, enter the new name of the corporation	on:			
N/A		The new		
name must he distinguishable and contain the word "corporati "Company" or "Co," may not be used in the name.	on" or "incorporated" or the ab	breviation "Corp." or "Inc."		
B. Enter new principal office address, if applicable:	618 E. South Street, Suite 500			
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32801			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	618 E. South Street, Suite 500	4.7.9		
· · · · · · · · · · · · · · · · · · ·	Orlando, FL 32801	17 7 00 17 7 00		
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac	e address in Florida, enter the i ddress:	name of the		
Name of New Registered Agent:		<u> </u>		
618 E. S	South Street, Suite 500			
New Registered Office Address:	(Florida street a	ddress)		
Orlando		, Florida 32801		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligat	tions of the position.		
Si	gnature of New Registered Agent	t, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, at 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 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	PT         John E           Y         Mike J           SV         Sally S	lones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	CEO	Keith Padgett	
Add XRemove			
2) Change	D	Shannon Elswick	618 E. South Street, Suite 500
X Add			Orlando, FL 32801
Remove 3 ) X Change	С	Edward Schrank	618 E. South Street, Suite 500
Add _ Remove			Orlando, FL 32801
4) X Change	VC	Eric Miles	618 E. South Street, Smite 500
Add			Orlando, FL 3280th & Caddress change only
Remove  5) X Change	Т	Arne Haak	618 E South Street, Suite 500
Add			Orlando, FL 32801
Remove			(address change only)
6) Change			
Add			
Remove			<del></del>

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)	
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	SELARY DE STATE ORIDA	
	Via -	

The	date of each amendment(s) adoption:	;	if other	r than ti
date	e this document was signed.			
Effe	ective date if applicable:			
	(no more than 90 days after amendment file date)			
Not doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil ument's effective date on the Department of State's records.	l not be l	listed a	s the
Ado	option of Amendment(s) ( <u>CHECK ONE</u> )			
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	ı		
	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 (By the chairman or vice chairman of the board, president or other officer-if directors	<u>.</u>		
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)			
	Arne Haak			
	(Typed or printed name of person signing)			
	Treasurer	IA:	<u></u>	
	(Title of person signing)	Z	ر 9	
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