739222

| (Re | equestor's Name) | |
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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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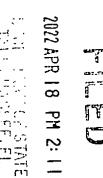
Office Use Only

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of 4/23/2022

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | Alpha Phi Center | , Inc. | | - bread |
|--|---|---|--|--|
| DOCUMENT NUMBER: | 739222 | | | |
| The enclosed Articles of Amend | Iment and fee are su | bmitted for filing. | | |
| Please return all correspondence | concerning this ma | tter to the following: | | |
| | | Lillie Debra Hay | nes | |
| | | Name of Contact Pe | erson | |
| | | Alpha Phi Center, | Inc. | |
| , , , , , , , , , , , , , , , , , , | - | Firm/ Company | · | |
| | 510 West . | Jackson Street. Pe | nsacola, FL 3 | 2501 |
| | | Address | | |
| | C/O 9164 | Woodrun Rd. P | ensacola, FL | 32514 |
| | | City/ State and Zip | Code | |
| | | DHaynes0057@gm | ail.com | |
| E-ma | ail address: (to be us | sed for future annual re | port notification | 1) |
| | | | | |
| For further information concerni | ing this matter, pleas | se call: | | |
| Lillie Debra Haynes | | at (| 207-10 | 23 |
| Name of Contact | Person | | a Code & Daytin | me Telephone Number |
| Enclosed is a check for the follo | wing amount made | payable to the Florida | Department of S | State: |
| - | 13.75 Filing Fee & crtificate of Status | S43.75 Filing Fee Certified Copy (Additional copy is enclosed) | Certifi Certifi | D Filing Fee cate of Status ed Copy ional Copy osed) |
| Mailing Addr Amendment S Division of Co P.O. Box 6327 Tallahassee, F | section orporations 7 | Ar Di Th 24 | reet Address nendment Sectivision of Corpo ne Centre of Ta 15 N. Monroe llahassee, FL 32 | rations illahassee Street, Suite 810 |



FLORIDA DEPARTMENT OF STATE
Division of Corporations SECREMENT OF STATE
TALLAHASSEE, FL

April 4, 2022

LILLIE DEBRA HAYNES 510 WEST JACKSON STREET PENSACOLA, FL 32501

SUBJECT: ALPHA PHI CENTER, INC.

Ref. Number: 739222

We have received your document for ALPHA PHI CENTER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must check the type of action for each officer/director listed in your document.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 722A00007795

Claretha Golden Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

FILED

2022 APR 18 PM 2: 11

ALPHA PHI CENTER, INC

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

| (Name of Corporation as curre | ntly filed with the Florida Dept. of State) | |
|--|---|--|
| 739222 | metr, moderne | |
| (Document Number | r of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation: | is Florida Profit Corporation adopts the following amendment(s | |
| A. If amending name, enter the new name of the corporation: | | |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A | A professional corporation name must contain the word | |
| B. Enter new principal office address, if applicable: | 510 West Jackson Street | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | Pensacola, FL | |
| | 32501 | |
| C.) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 9164 Woodrun Rd. | |
| | Pensacola, FL | |
| | 32514 | |
| D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address. | dress in Florida, enter the name of the | |
| Name of New Registered Agent | | |
| (Florida o | street address) | |
| New Registered Office Address: | | |
| New Registered Office Madress. | (City) , Florida /Zip Code) | |
| | | |
| New Registered Agent's Signature, if changing Registered Agen | it: | |
| hereby accept the appointment as registered agent. I am familiar | with and accept the obligations of the position. | |
| | | |
| Cianal CM | Position of the second | |
| | Registered Agent, if changing | |
| heck if applicable | | |

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)

Example:

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.

| X Change | PT | John Doe | |
|----------------------------|--------------|---------------------|-------------------------|
| X Remove | Y | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | Р | Lillie Debra Haynes | 9164 Woodrun Rd. |
| Add | | | Pensacola, FL |
| Remove | | | 32501 |
| 2) Change | | Clareta Broadnax | 1816 N. Reus Street |
| Add | | | Pensacola, FL |
| | | | 32501 - |
| Remove 3) Change | T- | Angela Nicks— | 1230 W. Bobe Street |
| Add | | | Pensacola-FL- |
| Remove | | | 32501 |
| 4) Change | <u>-چ</u> | _Etter Wright | 1007 East Hatton Street |
| Add | | | Pensacola, FL |
| Remove | | | 22503 |
| 5) Change | 2000 | S Dorothy Robinson | 6731 Community Drive |
| Add * | | | Pensacola, FL |
| Remove | | | 32506 |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| rdate c | dditional sheets, if necessary). (Be specific) current officers 2021-2023 |
|--------------|--|
| | unent officers 2021-2020 |
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| If an a | endment provides for an exchange, reclassification, or cancellation of issued shares, ons for implementing the amendment if not contained in the amendment itself: |
| (| not applicable, indicate N/A) |
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| | September 2021-June 2023 |
|--|---|
| The date of each amendment(s) a date this document was signed. | doption:, if other th |
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this hadocument's effective date on the Do | lock does not meet the applicable statutory filing requirements, this date will not be listed spartment of State's records. |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were add action was not required. | opted by the incorporators, or board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were add by the shareholders was/were st | opted by the shareholders. The number of votes east for the amendment(s) afficient for approval. |
| | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval |
| by | ·· |
| , | (voting group) |
| selecte | irector, president or other officer – if directors dofficers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) Lillie Debra Haynes |
| | |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |