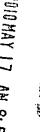
(Requ	uestor's Name)	
(Addı	ress)	
(Addi	ess)	
(City/	State/Zip/Phone #	<i>‡</i>)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Name)
(Docu	ument Number)	
Certified Copies	Certificates c	of Status
Special Instructions to Fi	ling Officer:	
	Office Use Only	



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Big Brothers E	Big Sisters of Mid Flo	orida Inc.
DOCUMENT NUM	BER: <u>739327</u>		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
		nn Bonacci	
	(Name of	Contact Person)	
	Big Brothers Big	g Sisters of Mid Florida	
	(Firn	n/ Company)	
	1155	NW 13th St	
	(Address)	
	Gaines	/ille, FL 32601	
	(City/ Sta	te and Zip Code)	
	john@bb E-mail address: (to be use	bsmidflorida.org	otification)
For further information	on concerning this matter, pleas	•	,
John Bonacci		_{at (} 352 ₎ 375	-2525
	of Contact Person)	······································	Daytime Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Depar	tment of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Sec Division of Corp Clifton Building 2661 Executive	tion porations

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

Big Brothers Big Sisters of Mid Florida, Inc (Name of Corporation as currently filed with the Florida Dept. of State)

And And So 739327 (Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Fundament (s) to its Articles of Inc.		Profit Corporation adop		
A. If amending name, enter the new name of the corporation:				
The new name must be distinguishable and conabbreviation "Corp." or "Inc." <u>"Company" or</u>				
B. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	YE BOX)			
 If amending the registered agent and/or re new registered agent and/or the new regist 		enter the name of the		
Name of New Registered Agent:	John Bonacci			
New Registered Office Address:	(Florida street address)			
_	(City)	, Florida (Zip Code)		
New Registered Agent's Signature, if changing hereby accept the appointment as registered position.		cept the obligations of t		

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)

Title	<u>Name</u>	<u>Address</u>	Type of Action
CEO	John Bonacci	2127 NW 86th Ter Gainesville FL 32606	_ ☑ Add <i>change title</i> _ ☑ Remove
	Paul Halpern		_
			_ ☐ Add _ ☐ Remove
E. If amendia (attach ada	ng or adding additional Articles, enter litional sheets, if necessary). (Be specif	change(s) here:	

•	
The date of each amendment(s	
	(date of adoption is required)
Effective date <u>if applicable</u> : _	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro-	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or me adopted by the board of direct	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
/bave :	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, of court appointed fiduciary by that fiduciary)
	Joseph Pileggi (Typed or printed name of person signing)
	President
	(Title of person signing)