139862

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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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October 10, 2019

HENRY BAUMAN 401 SHREVE ST PUNTA GORDA, FL 33950

SUBJECT: FRIENDS LIBRARY OF PUNTA GORDA, INC.

Ref. Number: 739862

We have received your document for FRIENDS LIBRARY OF PUNTA GORDA, 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):

MUST INCLUDE ALL PAGES.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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: 219A00020921

Catherine M Wood
Regulatory Specialist II

Articles of Amendment to Articles of Incorporation of

| 739862 | | |
|---|--|-------------|
| (Docur | nent Number of Corporation (if known) | _ |
| fursuant to the provisions of section 617,1006, Flomendment(s) to its Articles of Incorporation: | orida Statutes, this Florida Not For Profit Corporation adopts the | following |
| x. If amending name, enter the new name of the | e corporation: | |
| Company" or "Co," may not be used in the nam | | |
| 3. Enter new principal office address, if applica | ADDRESS Punta Gorda FL 3 | |
| Principal office address <u>MUST BE A STREET A</u> | Punta Gorda FL | 3957 |
| | | _ |
| | | |
| (Mailing address MAY BE A POST OFFICE | Punta Gorda, R 3 | 3950 |
| | stered office address in Florida, enter the name of the | 3950 |
| (Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or reginew registered agent and/or the new register | stered office address in Florida, enter the name of the red office address: | 3950 |
| (Mailing address MAY BE A POST OFFICE) 1. If amending the registered agent and/or regi | stered office address in Florida, enter the name of the red office address: | 3950 |
| (Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or reginew registered agent and/or the new register | stered office address in Florida, enter the name of the red office address: W/A (Florida street address) | 2019 OCT |
| (Mailing address MAY BE A POST OFFICE). If amending the registered agent and/or reginew registered agent and/or the new register Name of New Registered Agent: | stered office address in Florida, enter the name of the red office address: **DA** (Florida street address) | 2019 OCT 23 |
| (Mailing address MAY BE A POST OFFICE). If amending the registered agent and/or reginew registered agent and/or the new register Name of New Registered Agent: | stered office address in Florida, enter the name of the red office address: //A //Florida street address // (City) (Zip Code) | 2019 OCT 2 |

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 | PT John D Y Mike Je SV Sally S | ones | |
|-----------------------------------|--|-------------|-----------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | | · . | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
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| 3) Change | | | <u> </u> |
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| Change | | | |
| 4) Change | | | |
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| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
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| 6) Change | | | |
| Add | | | |
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| If amending or adding additional Arti (attach additional sheets, if necessary). | (Be specific) | |
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| The date of each amendment(s) adoption:late this document was signed. | , if other than the |
|---|---------------------------|
| Effective date <u>if applicable</u> : | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date violument's effective date on the Department of State's records. | will not be listed as the |
| 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/were sufficient for approval. | (s) |
| 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 9-19-2019 | |
| Signature Kattleen A. Mays | |
| (By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| KATHLEEN H. MAZZI | |
| (Typed or printed name of person signing) | - |
| PRESIDENT | |

(Title of person signing)