742181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

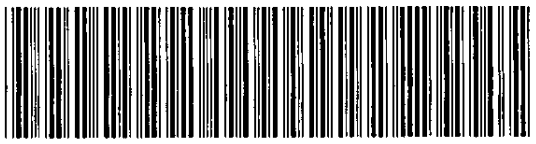
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700183922447

Amend

08/16/10--01001--002 **43.75

RECEIVED
10 AUG 13 PM 2:12
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
10 AUG 13 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/13/10

Mary Strickland
Requester's Name

Bryant miller olive P.A.
101 N. Monroe St., Suite 900
Address

Tallahassee, FL 32301 850-222-8611
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Pasco County, Florida, Federally Assisted Housing, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☑ Walk in ☐ Pick up time _____ ☑ Certified Copy

☐ Mail out ☑ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☑ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

CR2E031(7/97)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PASCO COUNTY, FLORIDA, FEDERALLY ASSISTED HOUSING, INC.

DOCUMENT NUMBER: 742181

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHELLY MAY JOHNSON, ESQ.
(Name of Contact Person)

SHELLY MAY JOHNSON, P. A.
(Firm/ Company)

8726 OLD C.R. 54, SUITE D
(Address)

NEW PORT RICHEY, FLORIDA 34653
(City/ State and Zip Code)

shelly@smjlaw.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUNNY MOODY at (727) 376-7300
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
10 AUG 13 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PASCO COUNTY, FLORIDA, FEDERALLY ASSISTED HOUSING, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

742181

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc." **"Company" or "Co." may not be used in the name**.*

B. Enter new principal office address, if applicable: _____
(Principal office address MUST BE A STREET ADDRESS)

_____

_____

C. Enter new mailing address, if applicable: _____
(Mailing address MAY BE A POST OFFICE BOX)

_____

_____

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

_____
New Registered Office Address: *(Florida street address)*

_____, Florida_____
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

_____
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	Name	Address	Type of Action
PRES	REGINA MIRABELLA	14517 7TH STREET DADE CITY, FL 33523	☑ Add ☐ Remove
VPRES	LEONARD TRUBIA	14517 7TH STREET DADE CITY, FL 33523	☑ Add ☐ Remove
SEC/ TREAS	KAREN TURNER	14517 7TH STREET DADE CITY, FL 33523	☑ Add ☐ Remove

****** SEE ADDITIONAL SHEET ******

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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	Name	Address	Type of Action
PD	KAREN TURNER	13921 EIGHTH STREET DADE CITY, FL 33525	☐ Add ☑ Remove
VD	LINDA WRIGHT	40304 TROTTER LANE DADE CITY, FL 33525	☐ Add ☑ Remove
VD	ABIGAIL JACKSON	37708 MLK BLVD DADE CITY, FL 33523	☐ Add ☑ Remove
T	MAGARET TAFFS	4801 AIRPORT RD #115 ZEPHYRHILLS, FL 33542	☐ Add ☑ Remove

The date of each amendment(s) adoption: AUGUST 12, 2010
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☑ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ 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 08/12/2010

Signature Karen Turner

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

KAREN TURNER
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)