# 145923

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ldress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nan	ne)	
(Do	ocument Number)	<del></del>	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORI	PORATION: Mulberry Comm	nunity Service Center	
DOCUMENT NU	MBER: 745923		
The enclosed Artic	eles of Amendment and fee are	submitted for filing.	
Please return all co	prrespondence concerning this n	natter to the following:	
Jo	yce Crowe		
-	(Name	of Contact Person)	
<u>M</u> ı	ulberry Community Service C		
	(F)	irm/ Company)	
30	1 N. E. 5th Street	(Address)	
		(Audiess)	
<u>M</u> u	ulberry, FL 33860	State and Zip Code)	<del></del>
	` •	state and Zip Code)	
mu	lberrycsc@gmail.com E-mail address: (to be ι	used for future annual report notific	cation)
For further informa	ation concerning this matter, ple	ease call:	
Joyce Crowe		at (863 ) 425-152	23
(Nar	ne of Contact Person)	(Area Code & Dayt	ime Telephone Number)
Enclosed is a checl	of for the following amount mad	e payable to the Florida Departmen	nt 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)
An Di P.C	neiling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle



### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2011

JOYCE CROWE MULBERRY COMMUNITY SERVICE CENTER, INC. 301 N.E. 5TH STREET MULBERRY, FL 33860

SUBJECT: MULBERRY COMMUNITY SERVICE CENTER, INC.

Ref. Number: 745923

We have received your document for MULBERRY COMMUNITY SERVICE CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 611A00025645

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WELLAHASSEE, FLORID

# Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cur	rently filed with t	he Florida Dept. of S	tate) 🗡		
Mulberry Community Service C	enter, Inc.	145	923		
(Document Nu	ımber of Corporati	on (if known)	<del></del>		
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of	6, Florida Statutes, Incorporation:	this Florida Not For	Profit Corporation add	opts	
A. If amending name, enter the new name	of the corporation	<u>ı:</u>			
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"			corporated" or the	0	
B. Enter new principal office address, if ap	plicable:			SISIN 350	
(Principal office address <u>MUST BE A STRE</u>	ET ADDRESS )		1 DEC T2	品が	
			~~~	F CO	
				RP C	
C. Enter new mailing address, if applicable			•		
(Mailing address <u>MAY BE A POST OFF</u>	ICE BOX)			<b>n</b>	
				м	
D. If amending the registered agent and/or	registered office	address in Florida, e	nter the name of the		
new registered agent and/or the new reg	istered office add	ress:			
Name of New Registered Agent:	Joyce Crowe				
	301 N. E. 5th Street				
New Registered Office Address:	(Florid	da street address)	<del></del>		
	Mulberry		, Florida_33860	Florida 33860	
		(City)	(Zip Code)		
New Registered Agent's Signature, if chang I hereby accept the appointment as registere position.			ept the obligations of	the	
	Signature of New	Registered Agent, if ch	anging		

Page 1 of 4

# If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors.. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	<u>Name</u>	•	Address		
1) <sup>D</sup>	Doresett, Al	262 Wo	ood Hall Drive		
· · · · · · ·		Mulberry, F	FL 33860		
2) PP	Hattery, Val	306 N. Ch	urch Ave.		
		Mulberry, F	FL 33860		
3) <u>D</u>	Jackson, Elnora C	211 Gree	nwoods Dr.		
		Lakeland, Fl	L 33813		
4) VP	Simmons, Carolyn	208 NW	208 NW 2nd St.		
		Mulberry, f	FL 33860		
5) <u>PP</u>	Smith, Collins	601 NW 2	and St.		
		Mulberry,	FL 33860	· · · · · · · · · · · · · · · · · · ·	
6) <u>P</u>	Crowe, Joyce	430 Penin	430 Peninsular Dr.		
		Lakeland, f	FL 33813		
If REMOVING removed:	an officer and/or director, plea	se list the title(s) and	name of the office	r/director to be	
Title(s)	Name .	Title(s)	<u>Name</u>		
1) <u>ED</u>	Carol Davis	4)			
2)		5)	<del> </del>		
3)		6)		<del> </del>	

. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)		
		 	<u>.</u>
			·

The date of each amendment(s) adoption: October 28 20 [	
(date of adoption- required)	
Effective date if applicable: November 1, 2011	
(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 Dovember 9, 2011	
Signature Over Cawe	
(By the chairman or vice chairman of the board, president or other officer-if directo	rc
have not been selected, by an incorporator – if in the hands of a receiver, trustee,	
other court appointed fiduciary by that fiduciary)	
Toyce Cowe (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Found President	
(Title of person signing)	

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