	••
≁.	à l
: *	

.

.

763024

(Red	questor's Name	j
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phor	ne #)
		MAIL
(Bu:	siness Entity Na	me)
(Dod	cument Number)
Certified Copies	Certificate	es of Status
Special Instructions to I	Filing Officer:	
10,23.19		
	Office Use O	nly







•		<u>COVER LETT</u>	ER	Ser.
FO: Amendment Section Division of Corporation	5			e e e e e e e e e e e e e e e e e e e
NAME OF CORPORATIO	Pensacola Habitat for			
7 DOCUMENT NUMBER: _	/63024			· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Am	endment and fee are subm	utted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
Alphonsa Henderson				
	(Name of Contact I	Person)	
Pensacola Habitat for Humai	nity, Inc.			
		(Firm/ Company	ıy)	<u> </u>
300 West Leonard Street				
		(Address)		· · · · · · · · · · · · · · · · · · ·
Pensacola, FL 32501				
	((City/ State and Zij) Code)	······································
ahenderson@pensacolahabit				
	mail address: (to be used		eport notificatioi	1)
For further information conce	erning this matter, please o	call:		
Sean Person			850 at	434-5456
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo				
🗖 \$35 Filing Fee	S43.75 Filing Fee & I Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certif is Certif (Addi	0 Filing Fee Jeate of Status Jed Copy tional Copy is osed)
P.O. Box (nt Section f Corporations		itreet Address Amendment Sect Division of Corp Clifton Building 1661 Executive C Fallahassee, FL 1	orations Center Circle

1

.

•

`		Amendment to	
		Incorporation	
Pensacola Habitat for Humanity, Inc.		of	12.5
			(1. The second
(<u>Name of Corporation</u>	as currently t	iled with the Flor	ina Dept. of State)
NA			
(Docur	nent Number of	f Corporation (if k	nown)
ursuant to the provisions of section 617.1006, Flo mendment(s) to its Articles of Incorporation:	rida Statutes, th	nis Florida Not Fo	r Profit Corporation adopts the following
. If amending name, enter the new name of the	e corporation:		
٩Å			The new
ame must be distinguishable and contain the word Company" or "Co." may not be used in the nam		" or "incorporated	l" or the abbreviation "Corp." or "Inc."
8. <u>Enter new principal office address, if applica</u> Principal office address <u>MUST BE A STREET A</u>		4	
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>) <u>N</u>	A	
 If amending the registered agent and/or regineering the registered agent and/or the new register 			enter the name of the
Name of Naw Registered Agent:	NA 		· · · · · · · · · · · · · · · · · · ·
		(F)	lorida street address)
<u>New Registered Office Address</u> :	NA		
	11A		, Florida
	,	City)	(Zip Code)

Signature of New Registered Agent, if changing

Page 1 of 4

 If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name 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: F = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiExecutive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each affice 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. Thera 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			
<u>X</u> Remove <u>X</u> Add		<u>e Jones</u> <u>y Smith</u>	
<u>X</u> mu			
Type of Action	Title	Name	<u>Addres</u> s
(Check One)			
1) Change	Secretar	Dr. Gary Cumberland	2060 E. Cross Street
			Pensacola, FL 32503
Add			
Кетоvе			
2) Change	Secretary	Lawrence Vogelsang	4760 Shannon Pl.
X Add			Pensacola, FL 32504
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			·
5) Change			
Add			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			·
Remove			
6) Change			
Add			
Remove			

P. 005

 If <u>amending or adding additional Arth</u> (attach additional skeets, if necessary). 	(Be specific)			
A				
······································		<u>-</u>		
	~~~~~		·	
				-
		<u></u>	<u> </u>	
		~ <b></b>		
		• • • • • • • • • • • • • • • • • • •		
		<b></b>		<u></u>
				<del>_</del>
		·		
······				
	<u></u>	······································		
			· · · · · · · ·	
······································		<u></u>		
			<u>.                                    </u>	

Page 3 of 4

The da	te of each am	endment(s) ac	option:		, if other
	is document w			<u>.</u>	, ii ouici
Effecti	ive date <u>if app</u>	licable:			
			(no more than 90 days after amen	udment file date)	
<u>Note:</u> docum	If the date inse ent's effective	rted in this blo date on the De	ck does not meet the applicable statutory partment of State's records.	v filing requirements, this date w	ill not be listed as
Adopti	ion of Amendi	ment(s)	(CHECK ONE)		
	he amendment( as/were sufficie		opted by the members and the number o l.	f votes cast for the amendment(s	3)
	here are no men dopted by the b		ters entitled to vote on the amendment(s) rs.	). The amendment(s) was/were	
	Dated	10/23/2019			
	Signatu		may Alender		
			nan or vice chairman of the board, presi- n selected, by an incorporator – if in the		
		other court a	ppointed fiduciary by that fiduciary)		
		Alphonsa	Henderson		
			(Typed or printed name of	f person signing)	
		Chief Op	enating Officer		
		~~~~	(Title of perso	n signing)	

.