

F080000001237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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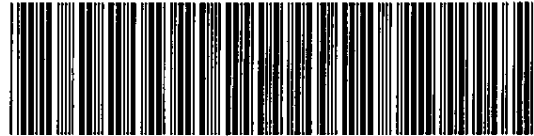
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 26 AM 10:51

Name chg  
@ 10/54/12

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Progressive Future, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F08000001237

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Rifkin  
Name of Contact Person

Fund for the Public Interest  
Firm/Company

44 Winter St., 4th Floor  
Address

Boston, MA 02108  
City/State and Zip Code

melissa.rifkin@fundstaff.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Rifkin at ( 617 ) 747-4312  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 19, 2011

MELISSA RIFKIN  
FUND FOR THE PUBLIC  
44 WINTER ST., 4TH FLOOR  
BOSTON, MA 02108

SUBJECT: PROGRESSIVE FUTURE, INC.  
Ref. Number: F08000001237

We have received your document for PROGRESSIVE FUTURE, 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):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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: 111A00028195

RECEIVED  
12 JAN 26 AM 8:08  
TALLAHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**NOT FOR PROFIT CORPORATION**  
**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION TO FILE**  
**AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN FLORIDA**  
(Pursuant to s. 617.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F08000001237

(Document Number of Corporation (If known))

1. Progressive Future, Inc.  
(Name of corporation as it appears on the records of the Department of State)

2. Colorado  
(Incorporated under laws of)

3. 03/20/2008  
(Date authorized to conduct affairs in Florida)

**SECTION II**

**(4-8 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. Fair Share Alliance, Inc.  
(Name of corporation after the amendment, adding suffix "corporation," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation. "Company," or "Co.," may not be used as a corporate suffix by a nonprofit corporation)

6. If the amendment changes the period of duration, indicate new period of duration and the date the change was effected.

\_\_\_\_\_  
(New duration)

\_\_\_\_\_  
(Date)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction and the date the change was effected.


\_\_\_\_\_  
(New jurisdiction)

\_\_\_\_\_  
(Date)

8. If the purpose which the corporation intends to pursue in Florida has changed, indicate new purpose.

\_\_\_\_\_  
(The corporation is authorized to pursue such purpose in the jurisdiction of its incorporation)

9. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
(Signature of the chairman or vice chairman of the board, president, or other officer - if in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

Naomi Roth  
(Typed or printed name of the person signing)

Secretary  
(Title of person signing)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 26 AM 10:51



Colorado Secretary of State  
Date and Time: 11/30/2011 09:23 AM  
ID Number: 20071551825  
Document number: 20111659387  
Amount Paid: \$25.00

Document must be filed electronically.  
Paper documents will not be accepted.

Document processing fee  
Fees & forms/cover sheets  
are subject to change.

To access other information or print  
copies of filed documents,  
visit [www.sos.state.co.us](http://www.sos.state.co.us) and  
select Business.

\$25.00

ABOVE SPACE FOR OFFICE USE ONLY

### Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-130-105 of the Colorado Revised Statutes (C.R.S.)

ID number 20071551825

1. Entity name Progressive Future, Inc.  
*(If changing the name of the corporation, indicate name BEFORE the name change)*

2. New Entity name  
(if applicable) Fair Share Alliance, Inc.

3. *(If the following statement applies, adopt the statement by marking the box and include an attachment.)*  
☐ Other amendments are attached.

4. If the nonprofit corporation's period  
of duration as amended is less than  
perpetual, state the date on which the  
period of duration expires \_\_\_\_\_  
*(mm/dd/yyyy)*

**OR**

If the nonprofit corporation's period of duration as amended is perpetual, mark this box ☒

5. *(Optional)* Delayed effective date \_\_\_\_\_  
*(mm/dd/yyyy)*

6. Additional information may be included pursuant to other organic statutes such as title 12, C.R.S. If  
applicable, mark this box ☐ and include an attachment stating the additional information.

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing

Rifkin                      Melissa  
*(Last)                      (First)                      (Middle)                      (Suffix)*  
44 Winter St. 4th Floor  
*(Street name and number or Post Office Box information)*  
Boston                      MA                      02108  
*(City)                      (State)                      (Postal/Zip Code)*  
United States  
*(Province - if applicable)                      (Country - if not US)*

*(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.)*

**Disclaimer:**

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.





STATE OF COLORADO  
DEPARTMENT OF STATE

I hereby certify that this is a true copy of  
Document No. 20111659387  
consisting of 2 pages filed by the  
Colorado Secretary of State in the records  
of the Secretary of State.

*[Signature]*  
Secretary of State  
By *Susan Fritz* 01-19-2012  
Date