## N000000003178

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	Nature Coast Busin	ess Development	Council, Ir	ıc.	
	N00000003178				
DOCUMENT NUMBER:					
The enclosed Articles of A	mendment and fee are sub	omitted for filing.			
Please return all correspond	dence concerning this mat	ter to the following	<b>g</b> :		
Robert Krefting					
		(Name of Contac	t Person)		
Central Florida Electric Co	operative, Inc.				
		(Firm/ Comp	oany)		
PO Box 9					
		(Address	;)		
Chiefland, FL 32644					
		(City/ State and 2	Zip Code)		
rkrefting@cfec.com					
	E-mail address: (to be use	d for future annua	report no	tification	n)
For further information con	cerning this matter, please	e call:			
Robert Krefting			352 at		318-5576
	(Name of Contact Persor	1)		Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Flori	da Depart	ment of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional co- enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

Mailing Address
Amendment Section
Division of Corporations

P.O. Box 6327

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation

Articles of Amendment	
to	.eQ
Articles of Incorporation of	STATE OF
	200
Nature Coast Business Development Council, Inc.	. "
(Name of Corporation as currently filed with the Florida Dept. of State)	
N0000003178	1/2
(Document Number of Corporation (if known)	五十一
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	<i>O</i> .
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:	
and by the regimered figure.	
(Florida street address) New Registered Office 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)

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 Do           V         Mike Jo           SV         Sally Sr	ne <u>s</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
i) × Change Add Remove	D	Streeter, Dick	PO Box 979 Inglis, FL 34449
2) × Change Add	<u>S</u>	Wilson, Joyce	20030 NE 23rd Pl Williston, FL 32696
Remove  3 ) Change  X Add  Remove	<u>VP</u>	Buckner, George III	PO Box 9 Chiefland, FL 32644
4) Change Add	<u>T</u>	Krefting, Robert	PO Box 9 Chiefland, FL 32644
Remove  5) Change Add Remove	<del></del>		
6) Change Add	<del></del>		
E. <u>If amending or adding</u> (attach additional sheet	g additional Artic s, if necessary).	eles, enter change(s) here: (Be specific)	
	<del></del> -		
	-		

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The date of each amendment(s) adoption:				if other than the
date this document was signed.				If other than the
Effective date <u>if applicable</u> ;	o more than 90 days aft			
(no	o more than 90 days aft	er amendment file d	ate)	
<u>Note:</u> If the date inserted in this block does r document's effective date on the Department	not meet the applicable of State's records.	statutory filing requ	irements, this date will no	be listed as the
Adoption of Amendment(s) (9	CHECK ONE)			
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the r	umber of votes cast	for the amendment(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 4/22/21
Signature  (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)
(Typed or printed name of porson signing)
Trecover
(Title of person signing)