

N00000003847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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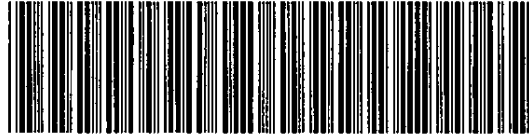
(Business Entity Name)

(Document Number)

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15 AUG 26 AM 9:25

ST. LOUIS
DIVISION
FBI

AUG 28 2015
C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Emergency Services & Homeless Coalition of Jacksonville, Inc.

DOCUMENT NUMBER: N00000003847

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

Please return all correspondence concerning this matter to the following:

David Salazar Ojeda

(Name of Contact Person)

Changing Homelessness, Inc.

(Firm/ Company)

4495 Roosevelt Blvd #304 PMB #404

(Address)

Jacksonville, FL 32210

(City/ State and Zip Code)

DSOjeda@eshcnet.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Salazar Ojeda

904

638-7792

at

(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:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

CORPORATE RESOLUTION CERTIFICATION

9:25 AM
DIVISION 10

15 AUG 26 AM 9:25

The undersigned, Secretary of The Emergency Services & Homeless Coalition of Jacksonville, Inc. which has filed a name change with the Florida Department of Corporations and in the very near future shall be known as Changing Homelessness, Inc., a Florida nonprofit corporation ("Corporation"), does hereby certify that the following Resolutions were adopted by the Corporation at a meeting of the Board of Directors of the Corporation held on **August 4th 2015**:

RESOLVED THAT:

David Salazar Ojeda, the **Chief Operating Officer** of the Corporation ("*Authority*") is hereby authorized and empowered to execute on behalf of the Corporation any and all Agreements and contracts between any and all vendors related to the acquisition, leasing and necessary modification, service, or equipment for the purpose of affecting the move of the corporation from their current location and to execute any and all documents necessary in connection with said move.

FURTHER RESOLVED THAT in addition to and without limiting the foregoing, that the Authority of the Corporation be, and hereby is, authorized to take, or cause to be taken, such further action, and to execute and deliver, or cause to be delivered, for and in the name and on behalf of the Corporation, all such instruments and documents as the Authority may deem appropriate in order to affect the move of the corporate offices and any documents or instruments executed in the accomplishment of any action or actions authorized as stated herein shall be deemed to be conclusive approval thereof by this Corporation and the binding act and obligation of this Corporation.

DATED: 8/6 2015


CORPORATE SECRETARY

Articles of Amendment
to
Articles of Incorporation
of

SECRET
DIVISION

15 AUG 26 AM 9:25

Emergency Services & Homeless Coalition of Jacksonville, Inc.

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

N00000003847

(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:

Changing Homelessness, Inc.

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:

660 Park Street

(Principal office address **MUST BE A STREET ADDRESS**)

Jacksonville, FL

32204

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

4495 Roosevelt Blvd

#304 PMB 404

Jacksonville, FL 32210

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:

(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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

[illegible]

The date of each amendment(s) adoption: August 4, 2015 if other than the date this document was signed.

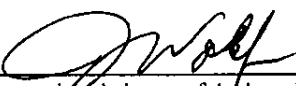
Effective date if applicable: _____ (no more than 90 days after amendment file date) **15 AUG 26 AM 9:25**

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 8/7/2015

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)

Joe Wolf
(Typed or printed name of person signing)

Corporate Secretary
(Title of person signing)