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SECRETARY OF STATE

10 MAY 10 DM 1.

C. GOLDEN MAY 2.1 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Arcadia-DeSc	oto County Habi	tat for Hum	anity, Incorporated
DOCUMENT NUMBER:	N0000000446	50		
The enclosed Articles of Amenda	nent and fee are submitt	ted for filing.		
Please return all correspondence of	concerning this matter to	o the following:		
Jennife	r A. Bowser, Execu	tive Director		
	(N	ame of Contact Per	rson)	
Arcadia	a-DeSoto County H	abitat for Huma	nity, Incorp	orated
		(Firm/ Company)	•	
1101 W	est Oak Street			
		(Address)		
Arcadia	, Florida, 34266			
	(C	ity/ State and Zip C	lode)	
	itat@embarqmail.c		ort notification	n)
For further information concerning	g this matter, please cal	и:		
Jennifer A. Bow	ser, Executive Direc			94-4118
(Nan	ne of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follow	ring amount made payal	ble to the Florida D	epartment of S	State:
-		\$43.75 Filing Fee a Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		Str	eet Address	·au

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



April 27, 2018

JENNIFER BOWSER 1101 WEST OAK STREET ARCADIA, FL 34266

SUBJECT: ARCADIA-DESOTO COUNTY HABITAT FOR HUMANITY,

INCORPORATED

Ref. Number: N00000004460

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 518A00008739

RECEIVED

18 MAY 18 PM 1: 29

SECRETARY OF \$1M18

TALL AHASSEE, PLOWER

Articles of Amendment to Articles of Incorporation of

FILED

2010 MAY 18 PM 4: 31

Arcadia-DeSoto County		SPIRE IARLUI SINIC			
(Name of Corporation as cu	rrently filed with the Flo	orida Dept. of State) TALLAHASSEE, FLORIDA			
N0000004460					
(Document N	umber of Corporation (if I	known)			
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not F	or Profit Corporation adopts the following			
A. If amending name, enter the new name of the corpo	oration:				
		The new			
name must be distinguishable and contain the word "corp "Company" or "Co." may not he used in the name.	poration" or "incorporate	'd" or the abbreviation "Corp." or "Inc."			
B. Enter new principal office address, if applicable:		Oak Street			
(Principal office address <u>MUST BE A STREET ADDRI</u>	Arcadia, Flo	orida, 34266			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	BOX) 1101 West Oak Street				
	Arcadia, Fl	orida, 34266			
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		i, enter the name of the			
Name of New Registered Agent:	Jennifer A. Bowser, Executive Director				
	1101 West Oak St	reet			
New Registered Office Address:	(Florida street address)				
	Arcadia	, Florida 34266			
	(City)	(7.ip Code)			
New Registered Agent's Signature, if changing Registe	ered Agent:				
I hereby accept the appointment as registered agent. I a		ot the obligations of the position.			
	ZIS	2			
	Signature of New Regi.	stered 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)x Change	ED	Jennifer A. Bowser	1101 West Oak Street
Add	<u> </u>		Arcadia, Florida, 34266
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	- 12 		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets	i, if necessary).	(ne spec	ujic)						
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The date of each amendment(s) adoption:	April 19, 2018	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	April 19, 2018	
	nore than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	meet the applicable statutory filing requirements, this de State's records.	ate will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
The amendment(s) was/were adopted by the was/were sufficient for approval.	e members and the number of votes east for the amendn	nent(s)
There are no members or members entitled adopted by the board of directors.	to vote on the amendment(s). The amendment(s) was/w	vere
Dated May 14, 201	8	
Signature	<u>:</u>	
have not been selected, l	chairman of the board, president or other officer-if directly an incorporator – if in the hands of a receiver, trustee duciary by that fiduciary)	ctors c, or
Rober	to San Luis	
	(Typed or printed name of person signing)	
Secreta	ary	
	(Title of person signing)	