(Requ	uestor's Name)	
(Addr	ess)	
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(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doct	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
Certified Copies	Certificates	·

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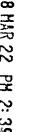


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R. WHITE

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## **COVER LETTER**

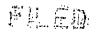
**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Nonprofit Leadership	Center of Tampa B	ay, Inc.		
N	00000006292				
DOCUMENT NUMBER:	•				
The enclosed Articles of Amer	ndment and fee are subm	nitted for filing.			
Please return all corresponden	ce concerning this matter	r to the following:			
Emily H. Benham					
	(	(Name of Contact Po	erson)	,	
Nonprofit Leadership Center	of Tampa Bay, Inc.			•	•
		(Firm/ Company	/)		
1408 N West Shore Boulevar	d, Suite 140				
		(Address)			
Tampa, Florida 33607					
	(	(City/ State and Zip	Code)		
info@nlctb.org					
E-r	nail address: (to be used	for future annual rep	ort notification	n)	
For further information concer	ning this matter, please	call:			
Emily Benham		at	813	287-8779	
(1	Name of Contact Person)	_	(Area Code)	(Daytime Telephone I	Number)
Enclosed is a check for the fol	lowing amount made pay	yable to the Florida l	Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Ad			reet Address	ion	

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

## Articles of Amendment to Articles of Incorporation of



Nonprofit Leadership Center of Tampa Bay, Inc.

18 HAR 22 PM 2: 39

Tromptont Ecuacismp Center of Tampa Bay, Inc.		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
N0000006292		
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following	
A. If amending name, enter the new name of the corporati	ion: W/A	
	The new	
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:	1408 N West Shore Boulevard, Suite 140	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Tampa, Florida 33607	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1408 N West Shore Boulevard, Suite 140	
	Tampa, Florida 33607	
D. If amending the registered agent and/or registered office	ce address in Florida, enter the name of the	
new registered agent and/or the new registered office a	ddress:	
Name of New Registered Agent:		
1408 N W	Vest Shore Boulevard, Suite 140	
	(Florida street address)	
New Registered Office Address:		
Tampa	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		
	ignature 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	•
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address .
Change Add Remove		<u>.                                    </u>	
2) Change Add			
Remove  3 ) Change Add			
Remove 4) Change Add			
Remove Change			
Add Remove			
6) Change Add Remove			

N/A	
E. If amending or adding additional (attach additional sheets, if necessor	I Articles, enter change(s) here:  ary). (Be specific)

The date of each amendment(s) ac	Joption: 3/16/18	, if other than the
late this document was signed.  Effective date if applicable:	3/16/18	•
Note: If the date inserted in this blo	(no more than 90 days after amendment file date) ock does not meet the applicable statutory filing requiremen	nts, this date will not be listed as the
document's effective date on the De		
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac was/were sufficient for approve	dopted by the members and the number of votes cast for the al.	e amendment(s)
There are no members or memiadopted by the board of director	bers entitled to vote on the amendment(s). The amendment ors.	t(s) was/were
Dated 3/14	118 1	
Signature(By the chair	rman or vice chairman of the board, president or other office	eer-if directors
have not be	en selected, by an incorporator – if in the hands of a receive appointed fiduciary by that fiduciary)	
_ J.	ESSICH MUROFF  (Typed or printed name of person signing)	<del></del>
	(1) year of printed name of person signing)	
<u> </u>	HAIR OF THE BOARD OF D (Title of person signing)	IRECTURS