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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations FLORIDA ASSOCIATION OF VOLUNTEER CENTERS, INC. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Suzanne Gamblain (Name of Contact Person) FLORIDA ASSOCIATION OF VOLUNTEER CENTERS, INC. (Firm/ Company) P.O. Box 353755 (Address) PALM COAST, FL 32135 (City/ State and Zip Code) suzyfvs@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tom Linley (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

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

Enclosed)

Articles of Amendment to Articles of Incorporation

FLORIDA ASSOCIATION OF VOLUNTEER CENTERS, INC.

(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
N00080		
(Document Number of Corpora	ation (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 fol	llowing
A. If amending name, enter the new name of the corporati	ion:	
Florida Association for Volunteer Res	ource Management, Inc	he new
name must be distinguishable and contain the word "corporat" "Company" or "Co," may not be used in the name.		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	-7	
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 new registered agent and/or the new registered office a Name of New Registered Agent:		TILED
-	(Clarity and III)	
New Registered Office Address:	(Florida street address)	
	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fair	miliar with and accept the obligations of the position.	
Signature of New Regist	tered Agent, if changing	

Page 1 of 4

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)	Title	<u>Name</u>		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		·		
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Remove				
4) Change				
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5) Change		_		
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Remove				
6) Change				
Add			·	
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If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
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The date of each amendm	hent(s) adoption: March 19, 2013
Effective date <u>if applicabl</u>	e: March 19, 2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was was/were sufficient fo	s/were adopted by the members and the number of votes cast for the amendment(s) r approval.
There are no members adopted by the board	or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.
Dated Signature	Harch 19, 2013
(By hav	the chairman or vice chairman of the board, president or other officer-if directors ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
Mary	Register
	(Typed or printed name of person signing)
Presi	dent
	(Title of person signing)