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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: Collier County F	lunger & Home	less Coaliti	on, Inc
DOCUMENT NUMBE	R: 04-3610154			
The enclosed Articles of	Amendment and fee are su	bmitted for filing	3. Please re	turn all correspondence
concerning this matter to	the following:			
	Michael Over	way		
_		Name of Con	tact Persor	1
	Collier County	Hunger & Hom	eless Coali	ition, Inc
		Firm/ Co	mpany	
	PO Box 9202			
		Addr	ess	
	Naples FL 3	34101		<u></u>
		City/ State an	d Zip Code	2
	executivedirector@	collierhomelesso	oalition.or	rg
_	E-mail address: (to be us	sed for future and	nual report	notification)
For further information o	oncerning this matter. pleas	se call:		
Michael Overway		at (		
Name of	Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Fl	orida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filin Certified Co (Additional of enclosed)	ру	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Collier County Hunger & Homeless Coalition, Inc.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation as	currently filed with the Florida Dept. of State)	
04-3610154		
(Document N	Sumber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statu its Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendments	s) to
A. If amending name, enter the new name of the corpora	ation:	
"corporation," "company," or "inc	ness, Inc. The new name must be distinguishable and contain corporated" word or the abbreviation "Corporation". A professional corporation name must contain the won "P.A."	p.,
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>5</u> 597 8th Street West	
	Lehigh Acres, FL 33971	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 9202	
	Naples FL 34101	
	75	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		
Name of New Registered Agent		
	Florida street address)	
	27	
New Registered Office Address:	(City) , Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo		
<u> </u>	of Vana Danistanad Japan, if alamain.	
Signature d	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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			<u> </u>
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
31 Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

	ling additional Artineets, if necessary).	(Be specific)			
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<u>f an amendment p</u>	<u>rovides for an exch</u>	<u>iange, reclassifica</u>	<u>tion, or cancellati</u>	on of issued shares,	
provisions for imp	lementing the ame	ndment if not con	tained in the ame	endment itself:	
(if not analised	ole, indicate N/A)				
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The date of each amen	ment(s) adoption:	Oth, 2022 , if other than t
date this document was		
Effective date <u>if applic</u>	December 20th	1, 2022
zmeme date <u>mappine</u>		00 days after amendment file date)
	d in this block does not meet the applie on the Department of State's records.	icable statutory filing requirements, this date will not be listed as t
Adoption of Amendme	it(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) v action was not requi	, , ,	board of directors without shareholder action and shareholder
	s/were adopted by the shareholders. Theas/were sufficient for approval.	ne number of votes cast for the amendment(s)
	s/were approved by the shareholders the ovided for each voting group entitled to	rough voting groups. The following statement vote separately on the amendment(s):
"The number of	votes cast for the amendment(s) was/we	ere sufficient for approval by
Collier County	Hunger & Homeless Coalition, Inc Board	d of Directors"
	(voting group)	
Dated	December 20th, 2022	
Signa	michael Over	way
	(By a director, president or other offi	icer if directors or officers have not been ne hands of a receiver, trustee, or other court
	Michael Overway	•
	(Typed or printed	name of person signing)
	Executive Direct	ctor
	(Title of person si	gning)