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(Requestor's Name)
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11 JAN 28 AM 9: 27

Amend 10/31/11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Habitat for Humanity of Hardee County Inc			
DOCUMENT NUM	BER: N0200005693		
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all corr	espondence concerning this matt	er to the following:	
	 	ela Warren	
	(Name of	Contact Person)	
	Habitat for Humani	ty of Hardee County, Inc.	
	(Firm.	/ Company)	
	502 F	Main Street	
		Main Street	
	`	,	
	Bowling G	reen, FL 33834	
	(City/ Stat	e and Zip Code)	
		at@hotmail.com	···
	E-mail address: (to be used	for future annual report notification	ation)
For further information	on concerning this matter, please	call:	
Pamela Warren		at (863) 781-005	:1
	of Contact Person)	at (ne Telephone Number)
Enclosed is a check f	or the following amount made pa	ayable to the Florida Departmen	of State:
	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address Indment Section	Street Address Amendment Section	ŕ
	ion of Corporations	Division of Corporation	ons
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center	· Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

Habitat for Humanity of Hardee County, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N02000005693 (Document Number of Corporation (if known)

Pursuant to the provisions of section 617 1006. Florida Statutes, this Florida Not For Profit Corneration adopts

e new name must be distinguishable and breviation "Corp." or "Inc." "Compan		
Enter new principal office address, if rincipal office address MUST BE A STI		
Enter new mailing address, if applica (Mailing address MAY BE A POST Of	able: FFICE BOX	
If amending the registered agent and/new registered agent and/or the new i		a, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	

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)

<u> Title</u>	Name	Address	Type of Action
			☐ Add ☐ Remove
			Add Remove
			Add Remove
(attach addi Article V of t	g or adding additional Articles, enter classificational sheets, if necessary). (Be specificational sheets of Incorporation is here upones of this corporation shall include	by amended to add the follo	
	o low-income and moderate-income	-	
allow this or	ganization to not carry on any activ	ities permitted to be carried	on by an
organization	exempt from Federal and State in	come tax under section 501	(c) (3) of the
Internal Rev	enue Cod of 1986 or the correspor	nding provision of any future	United States
Internal Rev	enue law.		
			
			
			

The date of each amendment(s) a	doption: January 20, 2011
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated	20-11 Pamela m Alshren
(By the chave not	chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator — if in the hands of a receiver, trustee, our appointed fiduciary by that fiduciary)
	Pamela Warren
	(Typed or printed name of person signing)
	President Board of Directors
	(Title of person signing)