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(Re	questor's Name)	
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PICK-UP		MAIL
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Firefighters	Assistance Fund, Inc
DOCUMENT NUMBER: NO30001078	33
The enclosed Articles of Amendment and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
Robert Amick	•
	ame of Contact Person)
Firefighters Assistance Fun	id, Inc
	(Firm/ Company)
25020 Harborside Blvd	
	(Address)
Punta Gorda, Florida 33995	5
(Ci	ry/ State and Zip Code)
fafhq@comcast.net	
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call	:
Linda Eno Stagnitta	at (866) 411-7387
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payab	le to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐\$ Certificate of Status Certified (enclosed)	
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

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with	the Florida Dept. of	f State)	
N03000010783			
(Document Number of	Corporation (if know	vn)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florid</i>	a Not For Profit Corporation	adopts the following
A. If amending name, enter the new name of the co	rporation:		
Firefighters Assistance Foundation	n, Inc		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name	corporation" or "inco	orporated" or the abbreviation	"Corp." or "Inc.
B. Enter new principal office address, if applicable			
(Principal office address <u>MUST BE A STREET ADD</u>	ORESS)		and the same of th
			- A C -
			- ES 2
C. Enter new mailing address, if applicable:			TASTA
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>X</u>)		
			77.07
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			表示 5
D. If amending the registered agent and/or register		Florida, enter the name of the	<u>1e</u>
new registered agent and/or the new registered	office address:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	ddress)	
New Registered Office Address.			
·	(0:1)	, Florida (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regi			•.•
hereby accept the appointment as registered agent.	i am familiar with an	a accept the obligations of the	position.

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change Add Remove		_		
2) Change Add Remove		_		
3) Change Add Remove		_		
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove				

attach addit	or adding ional sheets,	if necessary,). <i>(Be sp</i>	ecific)					
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The date of each amendment(s) adoption:					
Effe	ective date if applicable:	Once amendment has been approved and all states notified			
Lin	erro date <u>ir applicanie</u> .	(no more than 90 days after amendment file date)			
Ado	option of Amendment(s)	(CHECK ONE)			
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.			
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.			
	Dated	1/27/12			
	Signature	chairman or vice chairman of the board, president or other officer-if directors			
	have r	not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)			
	Robert	Amick			
	,	(Typed or printed name of person signing)			
	Vice Pr	esident			
		(Title of person signing)			