N04000006202

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA
DEPARTMENT OF REVENUE
Executive Director
Lisa Echeverri

November 5, 2009

Reply to:
PO Box 6480
Tallahassee, FL 32314-6480

DEBRA BROOKSHIRE
FAMILY AND FRIENDS PROVISION INC
PO Box 10474
West Palm Beach FL 33419-0474

Re: Application for Consumer's Certificate of Exemption **File Number 2036566**

Dear Sir/Madam:

We have received your organization's application for Consumer's Certificate of Exemption, and I am the Specialist assigned to its review. I have reviewed your application and need additional information as listed below. Please return the information and a copy of this letter within twenty (20) days of receipt. **Your information can be faxed to 850-921-1740.**

Provide a copy of the amended Articles of Incorporation to reflect your organization's name change.

If I can be of further assistance, please call 850-487-7000.

Sincerely,

Paul Byrd

Paul Byrd
Revenue Specialist III
Account Management/Exemptions Unit
General Tax Administration

/pb

Change Name Amendment

Child Support Enforcement – *Ann Coffin, Director* ● General Tax Administration – *Jim Evers, Director*
Property Tax Oversight – *James McAdams, Director* ● Information Services – *Tony Powell, Director*

www.myflorida.com/dor
Tallahassee, Florida 32399-0100

Out document

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Family and Friends Provision Center

DOCUMENT NUMBER: G04091900171

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debra Brookshire
(Name of Contact Person)

Family and Friends Provision Center
(Firm/ Company)

P.O. Box 10474 (3701 Broadway
(Address)

WPBch FL 33419 (West Palm Beach 33407)
(City/ State and Zip Code)

family center@mail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Brookshire at (561) 594-4873
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ $35 Filing Fee ☒ $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)

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

FILED
2009 DEC -7 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Family and Friends Provisions Inc.,
(Name of Corporation as currently filed with the Florida Dept. of State)

N04000006202
(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Family and Friends Provision Center Inc.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc." ***"Company" or "Co." may not be used in the name.***

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

3701 Broad way
West Palm Beach,
Fl. 33407

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 10474
West Palm
Beach Fl, 33419

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Cathy Grant

New Registered Office Address: 1237 Rosegate Blvd
(Florida street address)

West Palm Beach, Florida 33404
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Cathy Grant
Signature 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)

Title	Name	Address	Type of Action
Sec.	Necole Powell	300 Broadway West Palm Bch	☐ Add
D.	Adelia Spencer	5297 Victoria Circle West Palm Beach, Fl 33407	☒ Remove
Trustee	Irvan Ervin Houston	4777 North Australian WPBch Fl 33409	☐ Add
D.	Teresa Sheffield		☒ Remove
V.P.	Donald Brookshire	→ 800 Broadway, WPBch, Fl 33409 8409 Alister Blvd. WPBch Fl 33408	
Trustee	Tobias Ward	1237 Rosgate Blvd.	☒ Add
Secretary	Debra Brookshire Price	1237 Rosgate Blvd. Riviera Bch, Fl 33404	☐ Remove
Trustee	Cathy Grant (Director)	1237 Rosgate Blvd. 33404 Riviera Bch, Fl 33404	

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 12/01/2009
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☑ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 12/01/2009

Signature Cathy Grant
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Cathy Grant
(Typed or printed name of person signing)

Director
(Title of person signing)