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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Florida Wildli NAME OF CORPORATION:	fe Corridor, Inc.			- -
N04000006769 DOCUMENT NUMBER:		_	<u> </u>	
The enclosed Articles of Amendment and fee a	re submitted for filing.			
Please return all correspondence concerning the	is matter to the followir	ıg:		
Kristen Brand				
	(Name of Conta	et Person)		
Hancock Askew & Co., LLP				
<u> </u>	(Firm/ Con	pany)		
442 W Kennedy Blvd., Ste 240				
	(Addres	is)	· · · · · · · · · · · · · · · · · · ·	
Tampa, FL 33606				
	(City/ State and	Zip Code)		
kbrand@hancockaskew.com				
E-mail address: (to	be used for future annua	il report notifica	ation)	
For further information concerning this matter,	please call:			
Kristen Brand		813 at	254-2727	
(Name of Contact	Person)	(Area Coo	le) (Daytime Telephone Number	.)
Enclosed is a check for the following amount in	nude payable to the Flo	rida Departmon	t of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of \$		y Co opy is Co (A	(2.50 Filing Fee ertificate of Status ertified Copy (dditional Copy is nclosed)	
Mailing Address Amendment Section		Street Addre		

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Florida Wildlife Corridor, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N04000006769 (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: 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) 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.

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)

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	PT John De V Mike Je SV Sally St	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change Add	<u>P</u>	Mallory Dimmitt	PO Box 1802 Tampa, FL 33601
X Remove			
2) Change Add	<u>P</u>	Sue Williams	PO Box 1802 Tampa, FL 33601
Remove 3) Change Add Remove	D	Lindsav Cross	PO Box 1802 Tampa, FL 33601
4) Change Add	D	Jason Lauritsen	PO Box 1802 Tampa, FL 33601
Remove			
5) Change Add	<u>T</u>	Kristen brand	PO Box 1802 Tampa, FL 33601
× Remove			
6) Change Add	<u>T</u>	Oscar Anderson	PO Box 1802 Tampa, FL 33601
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
		 	

		 -
		
		<u></u>
		
		
		
The date of each amendment(s) adoption date this document was signed.	on:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department.	bes not meet the applicable statutory filing requirements, this date will not nent of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

_	7/15/20
Dated	
Signatur	Martin State of the state of th
orginatu.	(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)
	Kristen Brand
	(Typed or printed name of person signing)