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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: SEFFNER M	IANGO VOLUNTEER FIRE R	ESCUE, INC
DOCUMENT NUMBE	R: <u>N05000011005</u>		
The enclosed Articles of	Amendment and fee a	re submitted for filing.	
Please return all corresp	ondence concerning thi	s matter to the following:	
THERES	A PACHECO	CO D	
	(Name	of Contact Person)	
	(Fin	rm/ Company)	
РО ВОХ	1242	(Address)	
VALRICO	O, FL 33595	,	
For further information	, ,	tate and Zip Code) please call:	
THERESA PACHECO	ontact Person)	at (<u>813</u>) <u>850-3078</u> (Area Code & Daytime 1	
Enclosed is a check for	the following amount n	nade payable to the Florida Depa	artment 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 Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	cle

Articles of Amendment Articles of Incorporation of

SEFFNER MANGO VOLUNTEER FIRE RESCUE, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

N05000011005 (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: NORTH BRANDON VOLUNTEER FIRE RESCUE, 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) 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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(Florida street address)

(Zip Code)

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>	<u>Name</u>	<u>Address</u>	Type of Action			
			Add Remove			
			Add Remove			
			1 1 1			
E. If amer	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: '03/05/2009			
Effective date <u>if applicable</u> :	03/05/2009		
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.		
There are no members or n adopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.		
Dated <u>03/0</u>	25/2009		
have	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)		
	THERESA PACHECO (Typed or printed name of person signing)		
	REGISTERED AGENT/DS (Title of person signing)		