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Florida Department of State Division of Corporations

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(((H24000038489 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

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Account Name : SAXON GILMORE & CARRAWAY, P.A.

Account Number : I20180000023 : (813)314-4551

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COR AMND/RESTATE/CORRECT OR O/D RESIGN THE LOCAL COMMUNITY HOUSING CORPORATION

Certificate of Status	0
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Estimated Charge	\$43,75

Electronic Filing Menu

Corporate Filing Menu

Help

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(((12402030404 3)))	Articles of Amendment	
	to Articles of Incorporation	
	of theres of theorperation	
HE LOCAL COMMUNITY HOUSING CO	RPORATION	
ame of Corporation as currently filed with	the Florida Dept, of State)	
106000000003		
(Do	cument Number of Corporation (If lan	own)
rrsuant to the provisions of section 617.1006, nendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida Not For	· Profit Corporation adopts the following
. If amending name, enter the new name o	f the corporation:	
OCAL COMMUNITY HOUSING CORPOR	ATION	The new
ame must be distinguishable and contain the	vord "corporation" or "incorporated"	I an the abbumilation !! Cons !! on !! Inc !!
Company" or "Co," may not be used in the n	ame.	1021
. Enter new principal office address, if app	licable:	or the abareviation Corp. or Inc. 2024 J. 312
rincipal office address MUST BE A STREE		
		3
Water and address of anytherina		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
If amending the registered agent and/or i	enistered office address in Florida .	nater the name of the
new registered agent and/or the new regis		THE HARD OF THE
Name of New Registered Age.	<u> 17. </u>	
	(Flo	rida street address)
New Registered Office Addr	•	NO STEEL SHEET SOLY
•		. Florida
	(City)	(Zip Code)
	()/	(-)
ew Registered Agent's Signature, if changing	g Registered Agent:	
eveby accept the appointment as registered a	gent. I am familiar with and accept th	re obligations of the position.
	Signature of New Register	ed.Agent, if changing

and address of each C (Attach additional shee Please note the officer P = President: V= Vic	Officer and/or its, if necessar (director title b e President; T O = Chief Find	y the first letter of the offic = Treasurer; S= Secretary, inclal Officer. If an officer	se title: : D= Director: TR= Tr	rustee; C = Chairman or	Clerk; CEO = Chief
Changes should be not a change, Mike Jones I Mike Jones, V as Remo	eaves the corp	wing manner. Currently Jo voration, Sally Smith is nan Smith, SV as an Add.	ohn Doe is listed as the ned the V and S. These	PST and Mike Jones is l should be noted as John	isted as the V. There is Doe, PT as a Change,
Example: X Change X Remove X Add	<u>Y</u> <u>N</u>	ohn Doe Iike Jones ally Smith			
Type of Action (Check One)	Title	<u>Name</u>		Address	
1) Change Add Remove 2) Change Add					2021, JE 29
Remove 3) Change Add Remove					
4) Change Add Remove					
5) Change Add					
Remove 6) Change Add					
E. If amending or additional sh	ling additions ests, if necess	u Articles, enter change(s ary).—(Be specific)) here:		

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	, <u>W. J.</u>	
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the date of each amendment(s) adoption:		
Tective date <u>if applicable</u> :		

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

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(((H24000038489 3))) 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 1/19/2024
Signature (By the chalman 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)
JACQUELINE MALONE

CHAIRPERSON

(Title of person signing)

(Typed or printed name of person signing)