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Amend

MAR 1 3 2012

T. LEWIS

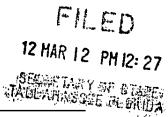
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: SAVE C	OUR RURAL	AREAS INC.
DOCUMENT NUMBER: NO60000	7535	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Melissa A. Norman		
	(Name of Contact Person	)
	(Firm/ Company)	
2331 NW 13th Place		
	(Address)	,
Gainesville, FL 32605		
	(City/ State and Zip Code	)
missyno@bellso	outh.net	
E-mail address: (to be	used for future annual report n	otification)
For further information concerning this matter, ple	ease call:	
Melissa A. Norman	<sub>#.</sub> 352	335-4432
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed is a check for the following amount mad	e payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	e & \$\subset\$\$ \$43.75 Filing Fee & cus 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	Amendo Division Clifton	Address ment Section n of Corporations Building kecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## SAVE OUR RURAL AREAS INC.

(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:  The nemame 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:
A. If amending name, enter the new name of the corporation:  The ne 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:
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new registered agent and/or the new registered office address:
Name of New Registered Agent:
New Registered Office Address: (Florida street address)
, Florida
(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.  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: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove			
3 ) Change Add Remove	<del></del> -		
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	<del></del>		

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Add additional Article as below:
Article VIII.
Upon the dissolution of the organization, assets shall be
distributed for one or more exempt purposes within the
meaning of Section 501(c)(3) of the Internal Revenue Code, or
corresponding section of any future federal tax code, or shall be
distributed to the federal government, or to a state or local
government, for a public purpose. Any such assets not disposed
of shall be disposed of by a Court of Competent Jurisdiction of the
county in which the principal office of the organization is then
located, exclusively for such purposes or to such organization or
organizations, as said Court shall determine, which are organized
and operated exclusively for such purposes.

The	date of each amendment(s) adoption:
Effe	ective date <u>if applicable</u> :
	(no more than 90 days after amendment file date)
Ada	option 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
	Signature (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)
	JEROME FEASTER
	(Typed or printed name of person signing)
	VICE PRESIDENT
	(Title of person signing)