110000008858

(Re	equestor's Name)	
(Ac	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	n
<u></u>		
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
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FEB 24 2017

R. WHITE



February 9, 2017

AUDREKIA WILLIAMS 10948 N CENTRAL AVE TAMPA, FL 33612

SUBJECT: BROOKS DEBARTOLO CHARITIES, INC.

Ref. Number: N06000008858

We have received your document for BROOKS DEBARTOLO CHARITIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page one is missing from the document. Please find enclosed and complete the missing page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 017A00002658

FEB 1 6 2017

17 FEB 21 PM 4: 09

Articles of Amendment to Articles of Incorporation

	of	17 FEB 22 PH 1:00
Brooks DeBartolo Char	ities, Inc.	発達・発生 (2g) (4 条 ×
(Name of Corporation	as currently filed with the Fl	orida Dept. of State)
Notes	000008858	
(Docum	ent Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this Florida Not I	For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word <u>"Company" or "Co." may not be use</u> d in the name		ed" or the abbreviation "Corp." or "Inc."
	•	
B. Enter new principal office address, if applicate		
(Principal office address <u>MUST BE A STREET AI</u>	ODRESS)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
D. If amending the registered agent and/or regist	ered office address in Florida	n, enter the name of the
new registered agent and/or the new registere		
Name of New Registered Agent:		
		,
		Floridu street address)
New Registered Office Address:	(*	To the site of the Essy
		151
-	(City)	, Florida (Zip Code)
	• •	(
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	egistered Agent:	it the obligations of the position
nereby accept the appointment as registered agent.	1 am jamular wun ana ассер	i the ootigations of the position.
-	Signature of New Regi	stered Agent, if changing
	Signature of New Negl	nerea ngeni, ij 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	<u>V</u> <u>Mi</u>	un <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	D	Derrick	3750 Gunn Highway, suite 109
Add			Tampa, FL 33618
Remove			
2) Change	D	Joseph Affronti	922 N. Riverhills Drive
Add			Temple Terrace, FL 33617
Remove 3) X Change	D	Chad Chronister	5138 W. Longfellow Avenue
Add			Tampa, FL 33629
Remove			·
4) X Change	D	James Henning	1002 S. Harbor Island #1112
Add			Tampa, FL 33602
Remove			
5) X Change	D	Richard Lozada	6015 Pratt Street
Add			Tampa, FL 33647
Remove			
6) X Change	D	Norma Matassini	201 S. Hubert Avenue
Add			Tampa, FL 33609
Remove			

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)

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Example: X Change X Remove X Add	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
X Change	D	Dr. Delia Palermo	1602 Magdalene Manor Dr.
Add			Tampa, FL 33613
Remove			
· 2) X Change	D	Valerie Panou	15436 N Florida Avenue Ste 200
Add			Tampa, FL 33613
Remove			
3) Change	D	Bonita Pulido	2915 W. Fern Street
Add			Tampa, FL 33614
X Remove			
4) Change	D	Dr. Bonnie Salazar	6607 Heatherton Court
Add			Tampa, FL 33617
X Remove			
5) Change		Vicky Phares	406 Glen Ridge Avenue
Add			Tampa, FL 33617
X Remove			
6) Change		Dan Allen	17531 Stinchar Dr
Add			Land O Lakes, FL 34638
X Remove			

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:

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Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jone Sally Smit	<u>es</u>	
Type of Action (Check One)	<u>Title</u>	<u> </u>	<u>Name</u>	<u>Addres</u> s
1) Change	D		Joan Roberts	6215 Savannah Breeze Court Apt 10
Add				Tampa, FL 33625
Remove				
2) Change				
Add Remove				<u> </u>
3) Change				
Add				
Remove				
4) Change Add	<u> </u>			
Remove				
5) Change				
Add				
Remove				
6) Change	·	- -		
Add Remove				

If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)			
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	1/23/17	
The date of each amendment(s) ad		, if other than the
late this document was signed.		·
1/23	/17	
Effèctive date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	-
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will no partment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or membadopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/were pers.	
Dated	2/2017	
Signature	d. D. March	
	man or vice chairman of the board, president or other officer-if directors	
	en selected, by an incorporator – if in the hands of a receiver, trustee, or	
other court a	appointed fiduciary by that fiduciary)	
David M	allitz	
	(Typed or printed name of person signing)	
Chairmai	1	
	(Title of person signing)	