

NO70000004916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

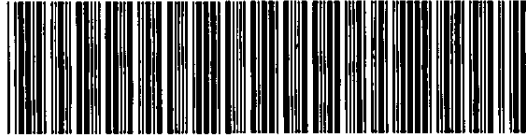
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 DEC 19 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CRM
12-23-14

TO: Amendment Section
Division of Corporations

COVER LETTER

NAME OF CORPORATION:

DOCUMENT NUMBER:

The enclosed *Articles of Amendment* and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Steve Smith
(Name of Contact Person)

New Beginnings of Central Florida, INC
(Firm/Company)

792 E Montrose St
(Address)

Cleomont FL 34711
(City/State and Zip Code)

E-mail address: (to be used for future annual report notification)
SteveSmith@NBCEC.ORG

For further information concerning this matter, please call:
Steve Smith
(Name of Contact Person)

Enclosed is a check for the following amount made payable to the Florida Department of State:
at (407) 595 0179
(Area Code & Daytime Telephone Number)

☒ \$35 Filing Fee
☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & Certificate of Status
(Additional copy is enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
(Additional Copy is enclosed)

Articles of Amendment
to
Articles of Incorporation
of

NEW BEGINNINGS OF CENTRAL FLORIDA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

ND7000004916

(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 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:

(Florida street address)

New Registered Office 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

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TALLAHASSEE, FLORIDA

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:
☒ Change
☒ Remove
☒ Add

Type of Action (Check One)	PT V SV	Name
	John Doe	
	Mike Jones	
	Sally Smith	

1) ☐ Change
☒ Add

(Treasurer) Mr. Rocky DeStefano

Address

2585 E. Hwy 50
Clermont Fl. 34711

2) ☐ Change
☒ Add

(Sec) Guy Bouchard

7796 W Irlo Brownson
Kissimmee, Fl 34747

3) ☐ Change
☐ Add

☐ Remove

4) ☐ Change
☐ Add

☐ Remove

F. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: 12-17-14, if other than the date this document was signed.

Effective date if applicable: 12-17-14
(no more than 90 days after amendment file date)

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.
- ☒ 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 12-17-14

Signature Steve Smith

(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)

Steve Smith
(Typed or printed name of person signing)

President
(Title of person signing)