

NO70000006987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

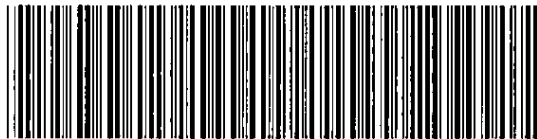
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

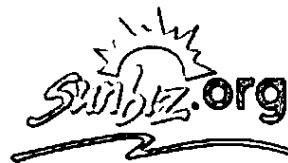


800416568958

10/02/23--01044--010 \*\*35.00

10/02/23 PM 12:34  
10/02/23

011423



Division of  
CORPORATIONS  
an official State of Florida agency

FYI

Address Change  
only

enclosed -

[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Not For Profit Corporation  
OUTREACH PARTNERS NETWORK INC.

### Filing Information

Document Number	N07000006987
FEI/EIN Number	26-2323610
Date Filed	07/16/2007
Effective Date	07/18/2007
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	08/08/2008
Event Effective Date	NONE

### Principal Address

1963 Downing Pl  
Palm Harbor, FL 34683

Changed: 02/25/2019

### Mailing Address

1963 Downing Pl  
Palm Harbor, FL 34683

Changed: 02/25/2019

### Registered Agent Name & Address

BARBER, KATHRYN  
1963 Downing Pl  
Palm Harbor, FL 34683

Name Changed: 04/13/2022

Address Changed: 02/25/2019

### Officer/Director Detail

Thank You!  
Kathryn  
Barber  
727 945 7717

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Outreach Partners Network INC

DOCUMENT NUMBER: N07000006987

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATHRYN Barber  
(Name of Contact Person)

Outreach Partners Network Inc  
(Firm/ Company)

13720 Wilkes Drive  
(Address)

Tampa FL 33618  
(City/ State and Zip Code)

KBarber@OutreachPartners.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHRYN Barber at 727 945 7717  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

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

2023 OCT -2 PM 12:34

Outreach Partners Network 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 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**)

13720 Wilkes Drive  
Tampa FL 33618

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

13720 Wilkes Drive  
Tampa FL 33618

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 Office Address:

(Florida street address)

(City)

Florida

(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.

**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

---



---



---



---

NOTE ONLY

Effective July 1 2023 the business address and mailing address of Outreach Partners Network Inc. changed from the previously listed Palm Harbor Fl. address to the new address which is:

13720 Wickes Drive  
Tampa Florida 33618

This is the only matter associated with this Amendment

Thank You!  
Kathryn Barber

Signed Sept 21, 2023  
effective date officially as below  
Per Florida Rules, move date FYI.

The date of each amendment(s) adoption:  
date this document was signed.

July 1 2023 (actual move date, if other than the

Effective date if applicable:

Oct 1 2023  
(no more than 90 days after amendment file date)

**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)

- ☐ 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)

Kathryn Barber  
(Typed or printed name of person signing)

President

(Title of person signing)