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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Marshall Heights Resident Council, Inc				
DOCUMENT NUM	IBER: N08000001135		,	
The enclosed Article	s of Amendment and fee are sub	omitted for filing.		
Please return all corr	espondence concerning this mat	ter to the following:		
	· · · · · · · · · · · · · · · · · · ·	ian Wade		
	(Name of	Contact Person)		
	Marshall Heights	s Resident Council, Inc		
	(Firm	n/ Company)		
	280	00 Ilex Ct.		
	(/	Address)		
	South B	Bay, Fl. 33493		
.		te and Zip Code)		
	mselbrov	vn@gmail.com d for future annual report notifica	tion)	
For further informati	on concerning this matter, please	•		
Vivian Wade		_{at (} 561 _{_)} 983-7810)	
(Name	of Contact Person)	(Area Code & Daytin	ne Telephone Number)	
Enclosed is a check f	or the following amount made p	ayable to the Florida Department	of State:	
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & 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		Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301		

2010 JAN 28 PH 2:25 **Articles of Amendment** to **Articles of Incorporation** Marshall Heights Resident Council (Name of Corporation as currently filed with the Fide N08000001135 (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: P.O. Box 7011 (Mailing address MAY BE A POST OFFICE BOX) South Bay, FI 33493 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) 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)

<u>Title</u>	Name	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
(attach addit	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific nization is organized exclusively for	or charitable, religious, educa	
	rposes, including, for such purposes that qualify as exempt organization		
	enue Code, or corresponding secti		
b. No part of	the net earnings of the organization	on shall inure to the benefit o	f, or be
distributable	to its members, trustees, officers,	or other private person, exce	ept that the
organization	shall be authorized and empowere	ed to pay reasonable compe	nsation for
services ren	dered and to make payments and	distributions in furtherance o	f the
purposes se	t forth in the purpose clause hereo	f. No substantial part of the	activities of
the organiza	tion shall be the carrying on of pro	paganda, or otherwise atterr	pting to
influence leg	islation, and the organization shall	not participate in, or interve	ne in
(including the	e publishing or distribution of state	ments) any political campaig	n on behalf
of any candi	date for public office. Notwithstand	ding any other provision of th	is document,
an organizat	ion shall not carry on any other pu	rposes not permitted to be ca	arried on (a)
by an organi	zation exempt from federal income	tax under section 501 (c) (3	() of the interns

Revenue Code, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170 (c) (2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

The date of each amendmen	t(s) adoption:	1/10/10
Effective date <u>if applicable</u> :	1/10/10	(date of adoption is required)
	(no m	nore than 90 days after amendment file date)
1 1		
Adoption of Amendment(s)	(0	CHECK ONE)
The amendment(s) was/we was/were sufficient for app		the members and the number of votes cast for the amendment(s)
There are no members or adopted by the board of di		ed to vote on the amendment(s). The amendment(s) was/were
Dated_1/18		Wade
(By	the chairman over not been sele	or vice chairman of the board, president or other officer-if directors ected, by an incorporator – if in the hands of a receiver, trustee, outed fiduciary by that fiduciary)
		Vivian Wade
	(7)	Typed or printed name of person signing)
		President
		(Title of person signing)

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