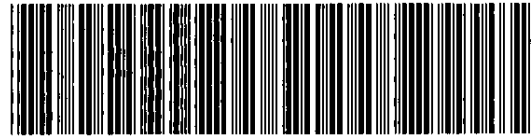


N 08000007005



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\_\_\_\_\_  
(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 NOV 19 PM 3:27

Amend  
1a 11/19/10

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Alliance For Neighbors, Inc.

DOCUMENT NUMBER: N0800000705

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

Please return all correspondence concerning this matter to the following:

Michael S. Stein  
(Name of Contact Person)

Alliance For Neighbors, Inc.  
(Firm/ Company)

P.O. Box 160096  
(Address)

Altamonte Springs, FL 32716-0096  
(City/ State and Zip Code)

DONATE @ HELP FOR people in AMERICA, org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael S. Stein at ( 407 ) 304-6669  
(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:

☒ \$35 Filing Fee

*Paid Previously*

☐ \$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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 12, 2010

ALLIANCE FOR NEIGHBORS, INC.  
% MICHAEL S. STEIN  
P.O. BOX 160096  
ALTAMONTE SPRINGD, FL 32716-0096

SUBJECT: ALLIANCE FOR NEIGHBORS, INC.  
Ref. Number: N08000007005

We have received your document for ALLIANCE FOR NEIGHBORS, 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):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 410A00026579

RECEIVED

10 NOV 19 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation

Alliance For Neighbors, Inc.

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

NO8000007005

(Document Number of Corporation (if known))

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 NOV 19 PM 3:27

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:**

N/A

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)

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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:

N/A

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.

N/A

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D	Cathy JACKSON	PO Box 160096 Altamonte Springs, FL 32716	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	Christiane FARKAS	PO Box 160096 Altamonte Springs, FL 32716	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<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)

~~7/1/16~~

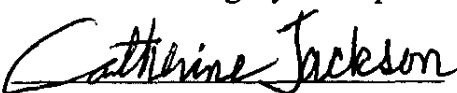
Please See attached 2 pages of  
 Sworn Notarized Statement to be  
 filed.

November 5, 2011

Effective this date, we, the undersigned, Catherine Jackson and Christine Farkas, both residing in Altamonte Springs, resign from the Board of Directors of Alliance For Neighbors, Inc.

Furthermore, we, Catherine Jackson and Christine Farkas, were present at the gathering of the Founding Directors, September 8, 2008, when we, Michael Stein, Sharon Stein, Jeffrey Stein, Grace Smith and F. William "Bill" Smith signed the original Articles of Incorporation. We witnessed each individual sign their own name. We signed our own names in the presence of the others, too. I, Catherine Jackson, signed my name as "Cathy", which is the name I have used for over 70 years.

There is no forgery or impersonation as accused.

  
Catherine Jackson

  
Christine Farkas

Accepted on behalf of Alliance For Neighbors, Inc., a 501 c (3) non-profit public charity incorporated in the State of Florida.

  
Michael S. Stein

State of Florida  
County of Seminole

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State of Florida to take acknowledgments personally appeared Catherine Jackson, Christine Farkas and Michael S. Stein, who are personally known to me, and after having taken an oath and who executed the foregoing instrument and acknowledged before me that they executed the same for the purposes stated therein.

SWORN TO AND SUSCRIBED before me this 5 day of November, 2010.

Jennifer Farris  
Notary Public, State of Florida  
Print Name: Jennifer Farris  
My Commission Expires: \_\_\_\_\_  
used FDL AID



Page 2 of 2 pages

The date of each amendment(s) adoption: ~~11/1~~ 11/5/10  
(date of adoption is required)

Effective date if applicable: 11/5/10  
(no more than 90 days after amendment file date)

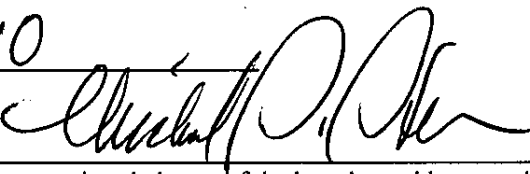
Adoption of Amendment(s) (CHECK ONE)

- ☐ 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

11/5/10

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)

Michael S. STEIN

(Typed or printed name of person signing)

Director

(Title of person signing)