

MD8000009444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

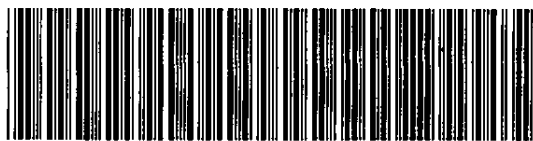
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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11/19/09--01022--004 **43.75

Amend

FILED
09 DEC 14 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts DEC 16 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2009

CASSIE DARLING
FLORIDA COMMUNITY HOUSING NETWORK CORP
841 DOUGLAS AVE STE #150A
ALTAMONTE SPRINGS, FL 32714

SUBJECT: FLORIDA COMMUNITY HOUSING NETWORK, CORP.
Ref. Number: N08000009444

We have received your document for FLORIDA COMMUNITY HOUSING NETWORK, CORP. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 309A00036309

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Florida Community Housing Network, Corp.

DOCUMENT NUMBER: N08000009444

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

Please return all correspondence concerning this matter to the following:

Cassie Darling

(Name of Contact Person)

Florida Community Housing Network Corp.

(Firm/ Company)

841 Douglas Avenue Suite #150 A

(Address)

Altamonte Springs FL 32714

(City/ State and Zip Code)

Pm99677@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cassie Darling

(Name of Contact Person)

at (407) 331-9810

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

DEC 14 AM 8:00

RECEIVED
TALLAHASSEE, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
09 DEC 14 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Community Housing Network, Corp.
(Name of Corporation as currently filed with the Florida Dept. of State)

NO8000009444

(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)

841 Douglas Avenue
Suite 150 A
Altamonte Springs FL

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

32714, -
- Same as above

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:

Felicia A. Diaz

New Registered Office Address:

841 Douglas Avenue Suite #150 A
(Florida street address)

Altamonte Springs, Florida 32714
(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.

X 
Signature of New/Registered Agent, if changing

(Attach additional sheets, if necessary)

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

The date of each amendment(s) adoption: 11-12-09
(date of adoption is required)

Effective date if applicable: _____
(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 11-12-09

Signature

Paula Gullon

(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)

PAULA GULLON

(Typed or printed name of person signing)

President

(Title of person signing)