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COVER LETTER

TO: Amendment Section Division of Corporations

Community . NAME OF CORPORATION:	Assistance Foundation.	Inc.		
N0900003050 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee				
Please return all correspondence concerning th	nis matter to the followir	ng:		
Daisy King				
	(Name of Conta	act Person)		
Vesta Property Services, Inc. / Community A	ssistance Foundation, In	c.		
	(Firm/ Con	ipany)		
245 Riverside Avenue, Suite 250				
	(Addre	ss)	 -	
Jacksonville, FL 32202				
<u> </u>	(City/ State and	Zip Code)		
dking@vestapropertyservices.com				
E-mail address: (to	be used for future annua	al report notificati	on)	
For further information concerning this matter	, please call:			
Daisy King		904 at	355-1831	
(Name of Contact	Person)		(Daytime Telephone Numbe	r)
Enclosed is a check for the following amount	made payable to the Flo	rida Department o	f State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Status Certified Cop (Additional c enclosed)	y Cert opy is Cert (Ado	50 Filing Fee ificate of Status ified Copy litional Copy is losed)	
Mailing Address Amendment Section		Street Address Amendment Sec		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Community Assistance Foundation, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N09000003050 (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: 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: (Zip Code) (City) 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)

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: X_Change X_Remove X_Add	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove			
Add Remove			
4) Change			
Add			
5) Change			
Add Remove			
6) Change			
Add			

If amending or adding additional Articletach additional sheets, if necessary).	(Be specific)
Attached please find the A ttienthment to A	imended
Attached please find the A rtienthient to A	articles"
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AMENDED Amendment to Articles of Incorporation

of

Community Assistance Foundation, Inc.

In compliance with Chapter 617, F.S. (Not for profit)

The Board of Directors are the sole voting members of Community Assistance Foundation, Inc. In accordance with the unanimous vote and directions of the Board of Directors of the corporation, Article III of its Articles of Incorporation is hereby amended as follows:

Article III

Purpose

This corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. Among its missions the corporation intends to provide safety, dignity, comfort and assistance to communities and their members both directly and through service organizations which share our purpose.

In witness whereof, the undersigned President and Secretary of the corporation have executed this amendment this <u>1</u> day of September 2019.

David Surface, Presidenty

Dan Armstrong, Secretary

September 1, 2019	: C 1
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
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. September 1, 2019 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)	-
Daniel P. Armstrong	
(Typed or printed name of person signing)	
Secretary	
(Title of person signing)	