

## Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CONTRACTORS REPORTING SERVICES,

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

\*\*Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please. \*\*

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN **□GOMMUNITY PARTNERS IN REVITALIZATION, INC.** 

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**COVER LETTER** 

TO: Amendment Section Division of Corporations

2

NAME OF CORPORATION: COMMUNITY PART	I'NERS IN REVITALIZ	ATION, INC.
<del>-</del>		
DOCUMENT NUMBER: N09000003835		
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
ROMAN ALBANO		
	e of Contact Person)	
CONTRACTORS REPORTING SERVICE, INC		
	irm/ Company)	
13795 N NEBRASKA AVE		
	(Address)	
TAMPA, FL 33613		
(City/	State and Zip Code)	——————————————————————————————————————
E-mail address: (to be used it	for future annual report r	notification)
For further information concerning this matter, please o	call:	
ROMAN ALBANO	at (_813	932-5244
(Name of Contact Person)	(Area Co	932-5244 de & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Depa	rtment of State:
☑ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	3\$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

to
Articles of Incorporation

11/30/2011 3:15 PM FROM: Cont Reporting Svc To: 18506176380 PAGE: 1013 015000 AMII: 40

Articles of Amendment to SECRETARY OF STATE

	of	TALLAHASSEE, FLO
COMMUNITY PARTNERS IN REVITALIZ.	ATION, INC.	*
(Name of Corporation	as currently filed with the Flori	da Dept. of State)
N09000003835		
	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, following amendment(s) to its Articles of Incor		For Profit Corporation adopts the
A. If amending name, enter the new name of	f the corporation:	
The new name must be distinguishable and con "Corp." or "Inc." "Company" or "Co." may		ncorporated" or the abbreviation
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)	CE BOX)	
D. If amending the registered agent and/or r new registered agent and/or the new regis		ia, enter the name of the
Name of New Registered Agent:		
New Registered Office Address	(Florida street address)	
		, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing the Registered and the Appointment as registered a	ng Registered Agent: gent. I am familiar with and acce	pt the obligations of the position.
Signature	of New Registered Agent, if chang	ging

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11/30/2011 3:15 PM FROM: Cont Reporting Svc TO: 18506176380 PAGE: 004 OF 006

				ctors of the corporation as yo	ı now want
	o be. Please indicate the se can index up to 6 offic			officer/director. officers/directors, please list the	em on an
additional sh				-	
Title(s)		Name		Address	
1)					
					<u>·</u>
2)			<del></del>		
3)					
3)	<del></del>	<del></del>	<u> </u>		
			<del></del>		
4)	<u></u>				
				<del></del>	
5)			<del></del>	<del></del>	
6)					
	•				
<u>if REMOVI</u>	NG an officer and/or di	rector, please list	the title(s) and nam	ne of the officer/director to be	removed:
Title(s)	Name		Title(s)	Name	
1) VPD	HOWELL, BRIAN		4)	<del></del>	
2)			5)		
3)			6		

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
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	,
	<del>-</del>
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	<del>-</del>
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**************************************	

The date of each amendment(s) a	doption: 11/23/2011
Offective date if applicable:	
	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or mem adopted by the board of directs	hers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated <u>11/23/2011</u>	7
Signature	La
(By the chair have not be	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator — if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
JOE GIBBONS	
	(Typed or printed name of person signing)
STD	
	(Title of person signing)

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