(Re	questor's Name)	·
(Ad	dress)	
. (Ad	dress)	, .
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
	•	
(Do	cument Number)	$\overline{\mathcal{C}}$
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·		

Office Use Only



100159911681

09/04/09--01015--018 \*\*35.00

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: <u>Heathy Food (</u>	Coalition INC		
DOCUMENT NUM	BER: N09000005241			
The enclosed Article.	s of Amendment and fee are sub	mitted for filing.		
Please return all corre	espondence concerning this matt	er to the following:		
		n Halberg		· · ·
	(Name of	Contact Person)		
	Healthy Fo	od Coalition, INC		
	(Firm	/ Company)		
	PO	Box 184		
		(ddress)		
	Nonwal	k, CT 06854		
		e and Zip Code)	<del></del>	
	Freeman.Jo E-mail address: (to be use	anie@gmail.com		on)
For further information	on concerning this matter, please		<b>F</b>	
Joanie Freeman		at ( 434 ·	826 9505	
(Name	of Contact Person)		de & Daytime	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 Certified Copy (Additional copy enclosed)	' is	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		ircle		

#### Articles of Amendment to Articles of Incorporation of

	FIL	ED
200	SEP_,	
TALL	RETARY OF	PH 1:27
<u>te</u> )	THUSEE, F	LORIDA

# **Healthy Food Coalition INC**

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

### N09000005241

(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:

ne new name must be distinguishable an breviation "Corp." or " Inc." <u>"Compan</u>			icorporatea or the
Enter new principal office address, if rincipal office address MUST BE A STE			
	•		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applica	hle:		
(Mailing address MAY BE A POST Of			
		,	
. If amonding the registered agent and	on wasigtoned office		
If amending the registered agent and/new registered agent and/or the new i			nter the name of the
			nter the name of the
new registered agent and/or the new i	egistered office add		nter the name of the
Name of New Registered Agent:	egistered office add	ress: da street address)	 , Florida
new registered agent and/or the new in Name of New Registered Agent:	registered office add	ress:  da street address)  (City)	<del></del>

# 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>	Address	Type of Action
D	Linda Wolfe	119 Ocean Dunes Cir Jupiter, FL 33477-9140	☑ Add □ Remove
		Jupiter. 1 L 35-777-31-40	Add Remove
			Add Remove
(attach addi	g or adding additional Articles, enter- itional sheets, if necessary). (Be specif inization is organized exclusively to rposes, including for such purpose	ic) for charitable educational, and	
	·		
	ns that qualify as exempt organiza		
Internal Rev	enue Code, or corresponding sec	tion of any future federal tax	code.
·			
b. Upon the	dissolution of the organization, as	sets shall be distributed for o	ne of more
exempt purp	poses within the meaning of section	on 501(c)(3) of the Internal Re	evenue Code
or correspor	nding section of any future federal	tax code, or shall be distribut	ted to the federa
government	, or to a state or local government	, for a public purpose. Any su	ich assets not
disposed of	shall be disposed of by the Court	of Common Pleas of the cou	ntv in which the
	office of the organization is then		
such organiz	zation or organizations, as said Co	ourt shall determine, which ar	e organized and
operated ex	clusively for such purposes.		
		,	

The date of each amendmen	t(s) adoption: August 23, 2009
Effective date <u>if applicable</u> :	(date of adoption is required) August 23, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
✓ There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
<sub>Dated_</sub> Aug	ust 23, 2009
Signature_	Joanie Freeman
(By	the chairman or vice chairman of the board, president or other officer-if directors or not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Joanie Freeman
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Page 3 of 3