# N0900005381

Office Use Only



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Amend

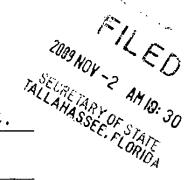
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: BRIDGES OF	HOPE FOR BAY COL	JNTY
DOCUMENT NUM	BER: N09000005381		
The enclosed Articles	s of Amendment and fee are sub	mitted for filing.	
Please return all corro	espondence concerning this mat	ter to the following:	
	DO	N EVANS	
	(Name of	Contact Person)	
	BRIDGES OF HO	PE FOR BAY COUNTY	
	(Firm	/ Company)	
	1701 N	I EAST AVE	
	(/	Address)	
	PANAMA	CITY FL 32405	
	(City/ Sta	te and Zip Code)	
	info@first E-mail address: (to be use	assemblypc.org d for future annual report notifi	cation)
For further information	on concerning this matter, please	e call:	
DON EVANS		at ( 850 ) 769-35	558
(Name	of Contact Person)	(Area Code & Days	time Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the Florida Departme	ent 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 Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle

### Articles of Amendment to Articles of Incorporation of



# BRIDGES OF HOPE FOR BAY COUNTY, INC.

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

### N09000005381

(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:

The new name must be distinguishable and co abbreviation "Corp." or "Inc." <mark>"Company" o</mark>			corporated" or the
B. Enter new principal office address, if ap	licable:	1701 N EAST AV	E
Principal office address <u>MUST BE A STREE</u>	ET ADDRESS )	PANAMA CITY FL 32405	
C. Enter new mailing address, if applicable		1701 N EAST AV	=
(Mailing addrage MAV REA DISTILLE		PANAMA CITY FL 32405	
(Mailing address MAY BE A POST OFFI  D. If amending the registered agent and/or i		PANAMA CITY FL	
	registered office	PANAMA CITY FL	
D. If amending the registered agent and/or new registered agent and/or the new regi	registered office stered office ad	PANAMA CITY FL	
D. If amending the registered agent and/or new registered agent and/or the new reging Name of New Registered Agent:	registered office stered office ad	PANAMA CITY FL  address in Florida, e dress:	nter the name of the
D. If amending the registered agent and/or new registered agent and/or the new reging Name of New Registered Agent:	registered office stered office ad	PANAMA CITY FL  address in Florida, e dress:	nter the name of the
D. If amending the registered agent and/or new registered agent and/or the new regi	registered office stered office ad (Flor	PANAMA CITY FL e address in Florida, e dress:  ida street address)  (City)  Agent:	nter the name of the , Florida (Zip Code)

# 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>	Name	<u>Address</u>	Type of Action	
DS	RON HARTZER	4317 PINETREE LANE LYNN HAVEN FL 32444	☐ Add ☑ Remove	
DS	DEBBIE KING	5217 MELISSA DR PANAMA CITY FL 32404	☑ Add ☐ Remove	
			☐ Add ☐ Remove	
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
			<del></del>	

The date of each amendment(s) ad	
Effective date if applicable:	(date bf adoption is required)
Enecure date it applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or membadopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated_10/28/20	
Signature	Dan Lvan
(By the c	chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, our appointed fiduciary by that fiduciary)
	DON EVANS
	(Typed or printed name of person signing)
	TREASURER
	(Title of person signing)