## N09000008456

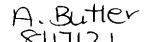
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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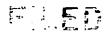
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Community Food Ba	ank of Citrus County,	Inc.	
	N09000008456			
DOCUMENT NUMBER:				
The enclosed Articles of Am	endment and fee are sub	mitted for filing.		
Please return all corresponde	ence concerning this matt	er to the following:		
Barbara Sprague				
		(Name of Contact Pe	erson)	
Community Food Bank of C	Citrus County			
		(Firm/ Company	′)	
5259 W. Cardinal St.				
		(Address)		<del>.</del>
Homosassa, FL 34446				
		(City/ State and Zip (	Code)	
executivedirector@cfbocc.o	rg			
E	-mail address: (to be used	for future annual rep	ort notification	1)
For further information conc	erning this matter, please	call:		
Barbara Sprague		at	352	628-3663
	(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	ayable to the Florida I	Department of	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi s Certifi	D Filing Fee icate of Status ied Copy is issed)
Mailing A	address	Str	eet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation



Community Food Bank of Citrus County, Inc. 2021 AUG-16 - AM 8: 06 (Name of Corporation as currently filed with the Florida Dept. of State) N09000008456 (Document Number of Corporation (if known)) 八山八片光色 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: Florida\_ (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.

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 Do           V         Mike Jo           SV         Sally Sr	ones .	
Type of Action (Check One)	Title	Name	Address
1) <u>* Change</u> Add	<u>S</u>	Ed Gruber	5259 W Cardinal St Homosassa, FL 34446
Remove 2) Change Add		Joseph Cappuccilli	5259 W Cadinal St Homosassa, FL 34446
X		John JJ Kenney	5259 W Cardinal St Homosassa, Fl. 34446
4) <u>×</u> Change Add	<u>P</u>	Steve Ponticos	5259 W Cardinal St Homosassa, FL 34446
Remove  5) × Change Add	<u>v</u>	Steven Hilsdon	5259 W Cardinal St Homosassa, FL 34446
Remove  6) Change  x Add	<u>T</u>	Foster Lamm	5259 W Cardinal St Homosassa, FL 34446
E. If amending or adding (attach additional sheet)	us, if necessary).	cles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption date this document was signed.	on:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date incerted in this blook de	pes not meet the applicable statutory filing requirements, this date will no	N he listed on the
document's effective date on the Departm		n oc usicu as inc
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.

Dated	8/10/2021
Signatur	(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)
	Steve Ponticos
	(Typed or printed name of person signing)

(Title of person signing)



2821 AUG 16 PH 12: 16

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 3, 2021

BARBARA SPRAGUE COMMUNITY FOOD BANK OF CITRUS COUNTY 5259 W CARDINAL ST. HOMOSASSA, FL 34446 US

SUBJECT: COMMUNITY FOOD BANK OF CITRUS COUNTY, INC.

Ref. Number: N09000008456

We have received your document for COMMUNITY FOOD BANK OF CITRUS COUNTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU CANNOT HAVE MORE THAN ONE PERSON AS A REGISTERED AGENT. YOU ARE ADDING OFFICERS. YOU CAN COMPLETE THE ATTACHED NONPROFIT ADMENDMENT FORM.

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) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 421A00018255