N09000011411

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C. LEWIS

OCT 2 2 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MEALS ON WHEELS AVON PARK, INC.					
DOCUMENT NUMBER: N09000011	411				
The enclosed Articles of Amendment and fee are subr	mitted for filing.				
Please return all correspondence concerning this matte	er to the following:				
	i to the following.	•			
PAUL DEVLIN					
	(Name of Contact Persor	n)			
	(Firm/ Company)				
315 TULANE CIRCLE					
	(Address)				
AVON PARK, FLORIDA	33825				
	(City/ State and Zip Code	2)			
E-mail address: (to be used	for future annual report	notification)			
For further information concerning this matter, please	call:				
DEVON P DONALDSON		453-2335			
(Name of Contact Person)	at (453-2335 ode & Daytime Telephone Number)			
Enclosed is a check for the following amount made pa					
■ \$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		Address			
Amendment Section Division of Corporations	Amendment Section Division of Corporations				

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

AND FILED 13 OCT 15 PM 4: 56 SECRETARY OF STATE TALLAHASSEE FLORE

Articles of Amendment to Articles of Incorporation of

MEALS ON WHEELS AVON PARK, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N09000011411 (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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

(Florida street address)

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)

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	V Mil	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change		,	· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	-		
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

ARTICLE IX - SUPPLEMENTAL/PROVISIONS INFORMATION UPON DISSOLUTION OF THE CORPORATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C) 3 OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE. ANY SUCH ASSETS NOT SO DISPOSED SHALL BE DISPOSED OF BY A COURT OF COMPETENT JURISDICTION OF THE COUNTY IN WHICH THE PRINCIPAL OFFICE OF THE CORPORATION IS THEN LOCATED, EXCLUSIVELY FOR SUCH PURPOSES OR TO SUCH ORGANIZATION OR ORGANIZATIONS, AS SAID COURT SHALL DETERMINE, WHICH ARE ORGANIZED AND OPERATED EXCLUSIVELY FOR SUCH PURPOSES.

	ot(s) adoption: OCTOBER 1, 2013	APP_{RO}
The date of each amendmen date this document was signed	it(s) adoption:	i portler han the
Effective date if applicable:	OCTOBER 1, 2013	13 007 15
	(no more than 90 days after amendment file date)	TALLAHASSEE, FLORIDA amendment(s)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	SSEE. FLORIDA
The amendment(s) was/was/were sufficient for a	mere adopted by the members and the name of the vest that her	amendment(s)
☐ There are no members of adopted by the board of	r members entitled to vote on the amendment(s). The amendment(directors.	s) was/were
Dated 10	-1-13	
Signature	Paul Dule	
	ne chairman or vice chairman of the board, president or other office not been selected, by an incorporator – if in the hands of a receive	
	court appointed fiduciary by that fiduciary)	i, trustee, or
PAUL	DEVLIN	
	(Typed or printed name of person signing)	
PRES	IDENT	
	(Title of person signing)	