## N10000002450

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R. WHITE SEP 26 2019 76133.11.116167

## **COVER LETTER**

TO: Amendment Section Division of Corporations

For NAME OF CORPORATION:	Each   Reach   N		n, Inc. 		
N100000 DOCUMENT NUMBER:	002450				
The enclosed Articles of Amendment			., -		
Please return all correspondence conc			:		
Lynette Mackey					
		(Name of Contac	t Person)		
For Each 1 Reach 1 Mentoring Progr	am, Inc.				
		(Firm/ Comp	any)		
7318 Sunshine Grove Road					
	<u> </u>	(Address	)		
Brooksville, FL 34613					
		(City/ State and 7	ip Code)		
Lmforeach1@gmail.com					
E-mail ad	dress: (to be used	for future annual	report notifica	tion)	
For further information concerning th	nis matter, please	call:			
Lynette Mackey			352 at		
(Name o	f Contact Person)	)	(Area Cod	e) (Daytime Telep	hone Numb
Enclosed is a check for the following	amount made pa	yable to the Florio	la Department	of State:	
	75 Filing Fee & ificate of Status	□\$43.75 Filing I Certified Copy (Additional copenclosed)	Ce by is Ce (A	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is nclosed)	
Mailing Address Amendment Section	n		Street Address Amendment S		

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

## Articles of Amendment to Articles of Incorporation of

For Each 1 Reach 1 Mentoring Program, Inc.

2019 SEP 17 AM 10

(Name of Corporation as cu	rrently filed with the Florida Dept. of St.	ate)
N10000002450		
(Document )	lumber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Profit Corpor	ation adopts the
A. If amending name, enter the new name of the corp	oration:	
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbrev	viation "Corp."
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Mauring address MINT BE A FOST OFFICE BOX)		<del>,</del>
O. If amending the registered agent and/or registered	l office address in Florida, enter the nam	e of the
new registered agent and/or the new registered of	fice address:	
Name of New Registered Agent:		
N D 1 (100 A 11	(Florida street addres	x)
New Registered Office Address:		
<del>-</del>		Florida(Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I de-		of the position.
	Signature of New Registered Agent, if o	hanging

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed ar 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 Cler Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first lette 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 a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	un Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	D	Tompkin Betty	12364 Shafton Road
Add			Spring Hill, FL 34608
X Remove			
2) Change	D	Russ Dawn	11097 Kodiak Wren Road
X Add			Weeki Wachee, FL 34614
Remove	D	Cheatham Mary	1082 Liberto Rd
3 ) Change			
X Add			Weeki-Wachee, FL 34614
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding addition (attach additional sheets, if neces	ssary). (Be sp	ecific)			
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The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated
Signature (By the chairman of 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)
Lynette Mackey
(Typed or printed name of person signing)
Executive Director
(Title of person signing)