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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2011

MICHAEL CAMPBELL HABITAT FOR HUMANITY OF SOUTH PALM BEACH 181 SE 5TH AVE DELRAY BEACH, FL 33483

SUBJECT: HABITAT FOR HUMANITY OF SOUTH PALM BEACH COUNTY

COMMUNITY HOUSING AND LAND TRUST, INC.

Ref. Number: N10000003747

We have received your document for HABITAT FOR HUMANITY OF SOUTH PALM BEACH COUNTY COMMUNITY HOUSING AND LAND TRUST, 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):

The document must have original signatures.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 711A00020109



Esperante Building 222 Lakeview Avenue, Suite 700 West Palm Beach, FL 33401 Tel 561.835.9600 Fax 561.835.9602 www.foxrothschild.com

Peter L. Blacklock Direct Dial: (561) 804-4457

Email Address: pblacklock@foxrothschild.com

September 16, 2011

Amendment Section **Division of Corporations ATTN: TINA ROBERTS** P.O. Box 6327 Tallahassee, FL 32314

Re: Habitat for Humanity of South Palm Beach County, etc.

Dear Ms. Roberts:

Enclosed please find the cover letter and original Articles of Amendment to Articles of Incorporation of Humanity of South Palm Beach County Community Housing and Land Trust, Inc. We had previously forwarded this to you a couple of weeks ago and it was returned because it did not have an original signature. We had them sign it in blue ink this time to make sure that it showed up as an original.

Please contact me at 561/804-4411 if you have any questions or comments. Thank you for your assistance in this matter.

Very truly yours,

Marilyn Agnew, Legal Administrative Assistant to

Peter L. Blacklock, Esq.

/mj

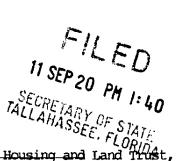
Enclosure

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF	CORPO	RATION: Habitat for Hui	manity	of Sou	ith Palm Be	each County
		Community Ho	ousing	and I	Land Trus	t, Inc.
DOCUME	NT NUM	BER: N1000003747				
The enclose	ed Articles	s of Amendment and fee are sub	mitted for	filing.		·
Please retui	n all corre	espondence concerning this matt	er to the f	ollowing	:	
		MICHAE	L CAME	BELL		 -
		(Name of	Contact P	erson)		
		Habitat for Humanity of S			ch County, I	nc.
		(Firm	/ Compan	y)		
		181 SE	5th Ave	nue		
		(A	Address)			
		Deiray Be	·, · · · · · · · · · · · · · · · · · ·			
		(City/ Stat	te and Zip	Code)		
	 =	mcampbe	ll@hfhb	oca.org		
		E-mail address: (to be used	d for futur	e annual	report notifical	ion)
For further	informatio	on concerning this matter, please	call:			
Michael C	Campbel	1	at (819-6070	
	(Name	of Contact Person)		(Area C	Code & Daytim	e Telephone Number)
1	ancheck fo	or the following amount made pa	ayable to	the Floric	da Department	of State:
□ Sign File		☐ \$43.75 Filing Fee & Certificate of Status		3.75 Filin ied Copy		☐ \$52.50 Filing Fee Certificate of Status
9 July 20 19 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	AIRSSI			tional co		Certified Copy (Additional Copy is enclosed)
1 3		ng Address dment Section			Address ment Section	
		on of Corporations			ment Section n of Corporation	s
		30x 6327			Building	-
	Taliai	nassee, FL 32314		2661 Ex	xecutive Center (ssee, FL 32301	Circle

Articles of Amendment to Articles of Incorporation of



N10	000003747	ı	
	nber of Corporat	ion (if known)	
rsuant to the provisions of section 617.1006, c following amendment(s) to its Articles of Ir		, this <i>Florida Not Fo</i>	r Profit Corporation adopts
If amending name, enter the new name o	f the corporatio	<u>n:</u>	
HFHS	SPBC CLT, IN	C.	
e new name must be distinguishable and c breviation "Corp." or " Inc." <u>"Company" o</u>			
Enter new principal office address, if app			
rincipal office address <u>MUST BE A STREE</u>	ET ADDRESS)		
			
Enter new mailing address, if applicable	<u>:</u>		
(Mailing address MAY BE A POST OFFI	CE BOX)		
If amending the registered agent and/or new registered agent and/or the new regi	registered office stered office ad	address in Florida,	enter the name of the
new registered agent and/or the new regi	registered office stered office ad	address in Florida, dress;	enter the name of the
If amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office stered office ad	address in Florida, dress:	enter the name of the
new registered agent and/or the new regi	stered office ad	address in Florida, dress; ida street address)	enter the name of the
Name of New Registered Agent:	stered office ad	dress:	
Name of New Registered Agent:	stered office ad	dress:	enter the name of the , Florida
Name of New Registered Agent:	stered office ad	ida street address)	

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	Address	Type of Action
D	DIANA HILEMAN	c/o Rutherford Mulhall 2000 N. Military Trail Boca Raton, FL 33431	☑ Add □ Remove
	<u></u>		
	*		
	ding or adding additional Articles, additional sheets, if necessary). (Be		
· 			
 			
		,	
			,
		<u> </u>	

The date of each amendmen	nt(s) adoption; July 26, 2011				
(date of adoption is required)					
Effective date if applicable:					
	(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.				
There are no members of adopted by the board of c	r members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.				
Dated Signature	7/26/2011 Mel 1 Llll				
(B ha	by the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)				
	MICHAEL CAMPBELL				
	(Typed or printed name of person signing)				
	PRESIDENT				
	(Title of person signing)				