

N10000003819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700196978237

03/08/11--01031--006 **35.00

FILED

2011 MAR 23 A 8 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amend
Thews
3-24-11*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COMMUNITY action group INC

DOCUMENT NUMBER: N10000003819

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marion Connelly
(Name of Contact Person)

COMMUNITY action group
(Firm/ Company)

Mailing address - P.O. BOX 75473 - Tampa, Fla. 33675
Temporary Home address - 7610-25th Ave. Tampa, Fla. 33619
(Address)

Tampa Florida 33619
(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marion Connelly at (813) 317-4438
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED

11 MAR -2 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2011

MARION CONNELLY
COMMUNITY ACTION GROUP INC
P. O. BOX 75473
TAMPA, FL 33675

SUBJECT: COMMUNITY ACTION GROUP INC
Ref. Number: N10000003819

We have received your document for COMMUNITY ACTION GROUP INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 211A00005313



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2011

MARION CONNELLY
COMMUNITY ACTION GROUP
POST OFFICE BOX 75473
TAMPA, FL 33675

SUBJECT: COMMUNITY ACTION GROUP INC
Ref. Number: N10000003819

We have received your document for COMMUNITY ACTION GROUP INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 511A00005911

Articles of Amendment
to
Articles of Incorporation
of

COMMUNITY ACTION GROUP INC

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

N10000003819

(Document Number of Corporation (if known))

FILED

2011 MAR 23 A 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

N/A

The new 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)

7610-25th Ave.

Tampa Florida

33619

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX - 75473

Tampa Florida

33675

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:

MARION CONNELLY

New Registered Office Address:

7610-25th Ave Tampa Fla 33619

(Florida street address)

Tampa

(City)

Florida

Fla 33619

(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D.G.</u>	<u>ANNIE ETTIE</u>	<u>3517-26th St.</u> <u>Tampa Florida 33605</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>B.M.</u>	<u>Sylvann P. Cadet</u>	<u>8012 Alaska Street</u> <u>Tampa Florida</u> <u>33604</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>B.M.</u>	<u>Beatrice Mitchell</u>	<u>2624-E Gen. Lee</u> <u>Tampa Florida</u> <u>33610</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 02/26/11

(date of adoption is required)

Effective date if applicable: N/A

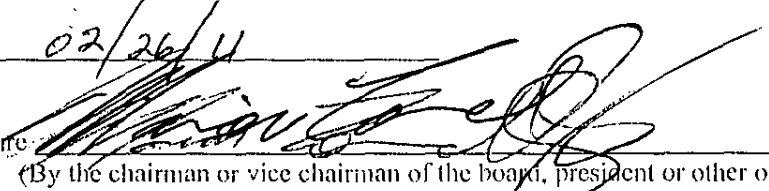
(no more than 90 days after amendment file date)

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.
- ☐ 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 02/26/11

Signature 

(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)

Marion Connelly

(Typed or printed name of person signing)

President and Chairman of board

(Title of person signing)

