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Certified Copies $\underline{\hspace{1cm}}$	Certificates	of Status
Special Instructions to	o Filing Officer:	
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Amend E C.COULLIETTE

MAY 11 2010

**EXAMINER** 

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Floridians For	Energy Independence	
DOCUMENT NUM	IBER: N1000004074		
The enclosed Article	s of Amendment and fee are sul	bmitted for filing.	
Please return all corr	espondence concerning this mat	tter to the following:	
		l Simpler	
	(Name of	f Contact Person)	
<del></del>	(Firm	n/ Company)	
	3118 W Tha	arpe Street Suite B	
	(	Address)	
		ahassee, Fl	
	(City/ Sta	ate and Zip Code)	
		auh@gmail.com ed for future annual report notifica	tion)
For further informati	on concerning this matter, pleas	e call:	
Al Simpler		at ( 850 ) 576-527	1
(Name	of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Department	of State:
□\$35 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)
Ame Divis	ing Address  ndment Section  tion of Corporations  Box 6327	Street Address Amendment Section Division of Corporation Clifton Building	,

2661 Executive Center Circle Tallahassee, FL 32301

### **Articles of Amendment** to **Articles of Incorporation**

#### Floridians For Energy Independence, Inc

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

#### N10000004074

(Document Number of Corporation (if known)

·	<u>ش</u> ر	
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation a	
A. If amending name, enter the new name of the corporation	<del>PD:</del>	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no		
B. Enter new principal office address, if applicable:	3118 W Tharpe Street Suite B	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Tallahassee, Fl 32303	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3118 W Tharpe Street Suite B	
	Tallahassee, Fl 32303	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-		
Name of New Registered Agent:		
New Registered Office Address: (Flor	ida street address)	
	, Florida	
<del></del>	(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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
DP	Patrick Detscher	6717 Visalia Place Tallahassee, Fl 32317	☐ Add☐ ☐ Remove
<u>DP</u>	Robert Rogers	3274 Dick Wilson Dr Sarasota, Fl 34240	
E. If amer	nding or adding additional Articles additional sheets, if necessary). (E	s, enter change(s) here: le specific)	

The date of each amendment(s	s) adoption:
	(date of adoption is required)
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or me adopted by the board of directions.	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
Dated_05/10 Signature_	12010 De Sangli
(By t have	he chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Al Simpler
	(Typed or printed name of person signing)
	Director/Secretary
	(Title of person signing)