N10000011123

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Aprend. 01-25-11 Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Nonprofit Cer	nter of North Central Flo	rida, Inc.
DOCUMENT NUM	IBER: N10000011123		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
		opher Johnson	and the first the consequence of the second
	(Name o	f Contact Person)	
	Nonprofit Center of	North Central Florida, Inc.	
	(Fire	m/ Company)	
	500 Ment I	Introvente Arrence	
***************************************		University Avenue (Address)	
		, 134, 455)	
	Gainesvil	le, Florida 32601	
	(City/ Sta	ate and Zip Code)	
	chris	@ncncf.org	
		ed for future annual report notific	ation)
For further information	on concerning this matter, pleas	e call:	
Christopher John	son	at (352)_359-068	35
	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departmen	t of State:
☑ \$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)
	ng Address	Street Address	10 0110100001
	ndment Section ion of Corporations	Amendment Section Division of Corporation	nns
P.O. Box 6327		Clifton Building	766.3
Tallahassee, FL 32314		2661 Executive Cente	r Circle

Tallahassee, FL 32301

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



Nonprofit Center of North Central Florida, Inc

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

N10000011123

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, F the following amendment(s) to its Articles of Inc.		Profit Corporation adop
A. If amending name, enter the new name of t	the corporation:	
The new name must be distinguishable and conbbreviation "Corp." or "Inc." "Company" or		acorporated" or the
3. Enter new principal office address, if application of the principal office address MUST BE A STREET		

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u>)	
If amending the registered agent and/or registered agent and/or the new registered.		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	_
	(City)	, Florida (Zip Code)
lew Registered Agent's Signature, if changing hereby accept the appointment as registered a osition.		ept the obligations of to

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
Directer	Nona Jones	301 SE 4th Avenue Emmerrille, FL 32601	Add Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
(attach addit	g or adding additional Articles, enter clional sheets, if necessary). (Be specific aid corporation is organized exclusions).	sively for charitable, religious	
	purposes, including, for such pur		
organization	s that qualify as exempt organizati	ons under section 501(c)(3)	of the Internal
Revenue Co	de, or the corresponding section o	f any future federal tax code	•
Article VIII: U	Jpon the dissolution of the corpora	ition, assets shall be distribu	ted for one or
more exemp	t purposes within the meaning of s	ection 501(c)(3) of the Intern	al Revenue
Code, or the	corresponding section of any future	re federal tax code, or shall b	e distributed
to the federa	government, or to a state or local	government, for a public pu	rpose. Any suc
assets not so	disposed of shall be disposed of	by a Court of Competent Jur	isdiction of the
	ich the principal office of the corpo		······································
	es or to such organization or organ		
	ganized and operated exclusively f		
		* *************************************	
		, , , , , , , , , , , , , , , , , , ,	
	Marie Carlo	T- total extrape meteors	
			

	on: January 14, 2011 (date of adoption is required)
Effective date <u>if applicable</u> : (1)	no more than 90 days after amendment file dute)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members en adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were
Signature(By the chairm have not been other court app	nan or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)
<u>_Cl</u>	(Typed or printed name of person signing)
Exec	Cutive Director (Title of person signing)