N10696

Office Use Only



200263436302

08/20/14--01021--020 **52.50

14 AUG 20 PM 1: 02

AUG 2 6 2014 C. CARROTTULKS

COVER LETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

NAME OF CORPORATION: MIG-FLO	orida Home	Builders Foundation
DOCUMENT NUMBER: NID696		
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Scott	Merritt (Name of Contact Pers	son)
Mid-Florida Home Bui	ilders Four (Firm/ Company)	ndation
544 Mayo	Avenue (Address)	
Maitland,	FL 3275 (City/ State and Zip Co	ode)
Scott@Greater(E-mail address: (to be used		
For further information concerning this matter, please of		
Scott Merritt (Name of Contact Person)	at (407 (Area	Code & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida De	epartment of State:
\$35 Filing Fee \$\Bigcup \$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divi	et Address endment Section sion of Corporations on Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of Mid-Florida Home Builders Foundation (Name of Corporation as currently filed with the Florida Dept. of State) N10696 (Document Number of Corporation (if known) 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: A. If amending name, enter the new name of the corporation:

Enter new principal office address, if a	pplicable:					
ncipal office address <u>MUST BE A STR</u>						
	-					
	-					
Enter new mailing address, if applica						
Mailing addrage MAY RE A PINTIE	FILE KIIX)					
manag nauress MAT BE A 1 051 01	ree bon,					
muning nativess MAT BLA 1051 01	-					
(Mailing address <u>MAY BE A POST OF</u>	-					
	-	addrass in	Florida ent	er the nam	e of the	
If amending the registered agent and/	or registered office		Florida, ent	er the nam	e of the	
If amending the registered agent and/o new registered agent and/or the new r	or registered office		Florida, ent	er the nam	e of the	
If amending the registered agent and/	or registered office		Florida, ent	er the nam	e of the	
If amending the registered agent and/o new registered agent and/or the new r	or registered office egistered office ad			er the nam	e of the	
If amending the registered agent and/o new registered agent and/or the new r	or registered office egistered office ad	dress:		er the nam	e of the	
If amending the registered agent and/onew registered agent and/or the new registered Agent: Name of New Registered Agent:	or registered office egistered office ad	dress:		er the nam	e of the	

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)

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 Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 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 as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	<u>n Doe</u> e Jones y <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove	<u>Mr</u>	Jim Lucia	544 Mayo Ave. Maitland, Fr 32751
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			•
Remove 6) Change Add			
Remove			

. ,	necessary).	es, enter chang (Be specific)			
			_ ,	<u></u> .	· ·
				·	
		<u></u>	<u> </u>		
					
		·· 			
<u>.</u>		·.			
				_	<u> </u>
-	BB 11111				
		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
					
					<u> </u>
			······································		

	this document was signed.	, if other than the
Effe	(no more than 90 days after amendment file date)	
Ada	option 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.	
0	Dated Dated 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)	
	(Typed or printed name of person signing)	
	Treasurer	
	Title of person signing)	