N11000001598

(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

000226613670

03/30/12--01009--022 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 30 AM 9:53

Amend
10 4.2.12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NBRPA Orlando Inc.

DOCUMENT NUMBER: N11000001598

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

Please return all correspondence concerning this matter to the following:

Adowal Foyle
(Name of Contact Person)

NBRPA Orlando INC
(Firm/ Company)

Po Box 2006
(Address)

Orlando FL 32802
(City/ State and Zip Code)

afoyle3131@Aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adowal Foyle at (407) 403-1402
(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:

☑ $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)

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

Articles of Amendment
to
Articles of Incorporation
of

NBRPA Orlando Inc

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

N11000001598

(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: NA

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: ~~NA~~ NBRPA Orlando Inc
(Principal office address MUST BE A STREET ADDRESS)
121 S. Orange Ave Suite 1500
Orlando, FL 32801

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

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: NA

(Florida street address)

New Registered Office Address:

, Florida
(City) *(Zip Code)*

FILED
12 MAR 30 AM 9:53
SECRETARY OF STATE
DIVISION OF CORPORATIONS

New Registered Agent's Signature, if changing Registered Agent: NA

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)

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change X Add ___ Remove	D	Wayne M. Rollins	P.O. Box 2006 Orlando FL 32802
2) ___ Change ___ Add ___ Remove			
3) ___ Change ___ Add ___ Remove			
4) ___ Change ___ Add ___ Remove			
5) ___ Change ___ Add ___ Remove			
6) ___ Change ___ Add ___ Remove			

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

NA

The date of each amendment(s) adoption: 3/1/2012

Effective date if applicable: NA

(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 3/1/2012

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)

James Samuel Vincent

(Typed or printed name of person signing)

President

(Title of person signing)