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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Florida Asset Buildir	ng Coalition, Inc.					
N110 DOCUMENT NUMBER:	00004642						
The enclosed Articles of Amenda	nent and fee are subm	nitted for filing.			,		
Please return all correspondence of	concerning this matte	r to the following:	:				
Pamela A. Tedesco							
		(Name of Contact	Person)				
Florida Asset Building Coalition,	Inc.						
	<u> </u>	(Firm/ Comp	any)				
2623 Blairstone Road							
		(Address))				
Tallahassee, FL 32301							
		(City/ State and Z	ip Code)				
Pam.Tedesco@AccessFloridaFin	ance.com	-					
E-mail	address: (to be used	for future annual	report notifi	cation)			
For further information concerning	g this matter, please	call:					
Pamela A. Tedesco			850 at	9	545-4988		
(Nam	e of Contact Person)		(Area C	ode) (i	Daytime Tele	phone Number)
Enclosed is a check for the follow	ing amount made pay	yable to the Florid	la Departme	nt of Sta	te:		
	43.75 Filing Fee & ertificate of Status	□\$43.75 Filing F Certified Copy (Additional cop enclosed)	y is	Certifica Certified	nal Copy is		

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

FILED 17 AUG 29 PM 1:54

Florida Asset Building Coalition, Inc.

(Name of Corporation	as curren	tly filed with the	Florida Dept. of State	CPRIDA
N11000004642			•	4.
(Docum	nent Numb	er of Corporation	(if known)	
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida No</i>	t For Profit Corporation adop	ots the following
A. If amending name, enter the new name of the	e corporat	ion:		
N/A				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		tion" or "incorpoi	rated" or the abbreviation "Co	
B. Enter new principal office address, if applica	hle:	N/A		
(Principal office address <u>MUST BE A STREET A</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A	<u>BOX</u>)	N/A		
 If amending the registered agent and/or registered agent and/or the new registered 			ida, enter the name of the	
new registered agent and/or the new register	N/A	iouress:		
Name of New Registered Agent:	- IN/A			
New Registered Office Address:			(Florida street address)	
	N/A		P1 - 11 -	
		(City)	, Fłorida (Zip Cod	de)
New Registered Agent's Signature, if changing F) anietawa d	A gent:		
I hereby accept the appointment as registered agen			cept the obligations of the pos	ition.
	-		- · · · · · · ·	
	S	ignature of New R	egistered 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 <math>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> !	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change		N/A	 	
Add				
Remove				· · · · · · · · ·
2) Change				
Add				
Remove				
3) Change			 	·
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(attach additional sheets, if necessary). (Be specific)				
Said organization is organized exclusively for charitable and educational purposes, including, for such purposes, the making				
of distributions to organizations that qualify as exempt organizations described under Section 501(c)(3) of the Internal				
Revenue Code, or corresponding section or any future federal tax code.				

E. If amending or adding additional Articles, enter change(s) here:

August 24, 2017	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
August 24, 217 Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file da	ite)
, , , , , , , , , , , , , , , , , , ,	,
Note: If the date inserted in this block does not meet the applicable statutory filing require	ements, this date will not be listed as the
document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for was/were sufficient for approval.	or the amendment(s)
There are no members or members entitled to vote on the amendment(s). The amend adopted by the board of directors.	lment(s) was/were
Dated August 24, 2017	
Signature Fall A	
(By the chairman or vice chairman of the board, president or other have not been selected, by an incorporator – if in the hands of a re other court appointed fiduciary by that fiduciary)	
Pamela A. Tedesco	
(Typed or printed name of person sign	ing)
Treasurer	
(Title of person signing)	