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SECRETARY OF STATE
TALLAHASSEE FLORID.

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Community Development Solutions of Horida, Inc	•
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Charlotte I. Anderson	
(Name of Contact Person)	
Community Development Solutions of Florida, Inc.	
3802 Highview Road	
(Address)	
Seffner, FL 33584	
(City/ State and Zip Code)	
Chavanderson@ pampabay. W.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
harlotte I. Anderson at 813, 610-1413	
(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 \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee Certificate of Status	
(Additional copy is Certified Copy enclosed) (Additional Copy is	
Enclosed)	
Mailing Address Amendment Section  Street Address Amendment Section	
Division of Corporations  Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	
Tallahassee, FL 32301	

**Articles of Amendment** FILED Articles of Incorporation 2012 JUL 25 PM 12: 29 SEURE TARY OF STATE TALLAHASSEE FLORIDA (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: name must be distinguishable and contain the word "corporation" "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: (Principal office address MUST BE A STREET ADDRESS C. Enter new mailing address, if applicable: (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: (Horida street address) New Registered Office Address: Florida (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.

Page 1 of 4

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	PT John Doe Y Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove	·	
2) Change		
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Add		
4) Change	\	
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Remove		
5) Change		
Add		
Remove		
6) Change		
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/Remove		

Page 2 of 4

amending or adding additional Articach additional Articach additional sheets, if necessary).	(Be specific)		
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The date of each amendment(s) adoption:					
Effective date <u>if applicable</u> :	4 20, 20/2				
(1	do more than 90 days after amendment file date)				
Adoption of Amendment(s) (	CHECK ONE)				
The amendment(s) was/were adopted b was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)				
☐ There are no members or members enti- adopted by the board of directors.	tled to vote on the amendment(s). The amendment(s) was/were				
Dated July 2	0, 2012				
Signature Classiatt	et. Anderson				
(By the chairman or	vice chairman of the board, president or other officer-if directors				
	ted, by an incorporator — if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)				
Charlo	the I. Anderson				
(Typed	or printed name of person signing)				
<u>- Presid</u>	ext-CEO				
(Title	of person signing)				