N12000003475

(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section

Division of Corporations Greater St. Johns County Foster Adoptive Parents, Inc. NAME OF CORPORATION: N12000003475 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Judy Williams** (Name of Contact Person) Greater St. Johns County Foster Adoptive Parents, Inc. (Firm/ Company) 115 Heron Road (Address) St. Augustine, FL 32086 (City/ State and Zip Code) mainiaccats@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Judy Williams** (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curr		<u> </u>	iic.	
N12000003475				
(Docu	ment Number of Corpo	ration (if known)		
ursuant to the provisions of section 6 nendment(s) to its Articles of Incorp		es, this <i>Florida Not For Pro</i>	ofit Corporation adopts	the following
. If amending name, enter the new	v name of the corporat	tion:		
not applicable				The new
ame must be distinguishable and cor Company" or "Co," may not be use		ntion" or "incorporated" or	the abbreviation "Cor	p." or "Inc."
Enter new principal office addre	ess, if applicable:	N/A		
Principal office address MUST BE)		· · · · · · · · · · · · · · · · · · ·
. Enter new mailing address, if a	nnlicahla:			
(Mailing address MAY BE A PO		N/A		
				
				
 If amending the registered agent new registered agent and/or the 			er the name of the	
	NI/A	aduress:		
Name of New Registered Age	ent: IN/A			
New Registered Office Address:		(Florida street address)		
			, Florida	
	(City))	(Zip Code)	
Now Desistent A south Simustons	if all an aire a Damietanes	I A		
New Registered Agent's Signature, hereby accept the appointment as re			obligations of the positi	ion.
				27 3
	Signature of New Regi	stered Agent, if changing		
		Page 1 of 4		Ser P
		• *		(0.20 ± 1
		•		
				F 15

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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	nes	
Type of Action (Check One)	<u>Title</u>		Name	Address
l) Change		_		
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)
Article III- The Greater St. Johns County Foster Adoptive Parents, Inc. is organized exclusively for charitable,
religious, educational and scientific purposes, including for such purposes, the making of distributions to
organizations that qualify as exempt organizations under Section 501c3 of the Internal Revenue Code or the
corresponding section of any future federal tax code.
Article VIII- Upon dissolution of Greater St. Johns County Foster Adoptive Parents, Inc., assets shall be
distributed for one or more exempt purposes within the meaning of section 501c3 of the Internal Revenue Code,
or corresponding section of any future federal tax code, or shall be distributed to the federal government, or
to a state or local government, for public purpose. Any such assets not disposed of by the Court of Common Pleas of the
county in which principal office of the organization is then located, exclusively for such purposes or to such organization
or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.
Article IX- The effective date for these amendments shall be January 17, 2013.

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

he date of each amendment	(s) adoption: January 17, 2013
Effective date if applicable:	January 17, 2013
	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
, as provided the second secon	(<u>51,251,51,2</u>)
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) opproval.
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.
Dated	1-27-13 M180M2
	e chairman or vice chairman of the board, president or other officer-if directors
have r	not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
Judy W	/illiams
	(Typed or printed name of person signing)
	(Title of person signing)