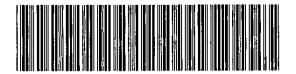
## N12000006703

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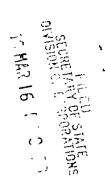
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	····			•
NAME OF CORPORATION:	FEEDING NE FLO	ORIDA, INC		
DOCUMENT NUMBER:	N1200006703			
The enclosed Articles of Amend	iment and fee are subm	nitted for filing.		
Please return all correspondence	concerning this matter	r to the following:	<del></del>	
		FRED JOHNSTO	N	
		- (Name of Contact Per	rson)	
		(Firm/ Company	)	
	1:	2370 ALADDIN RO	AD	
	<del></del>	(Address)		
		IACKSONVILLE, FL	ORIDA 3222	3
		(City/ State and Zip (	Code)	<del></del>
	FRE	DDIE641@YAHO	MOO.C	
E-ma	il address: (to be used	for future annual rep	ort notification	1)
For further information concern	ing this matter, please	call:		
	FRED JOHNSTON	at _		904-294-1369
(Na	nne of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the folio	wing amount made pay	yable to the Florida D	epartment of	State:
□ \$35 Filing Fee □	<b>1\$43.75</b> Filing Fee & I Certificate of Status	Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Malila Ma			eet Address	
Amendment S Division of C			endment Sect vision of Corpo	
P.O. Box 632	7		fton Building	
Tallahassee, F	L 32314	2661 Executive Center Circle		

Tailahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation

		in Dept. of State)
A	rticles of Amendment	19. Marie 19. Ma
Ar	to ticles of Incorporation	لرنج المرتبخ
	of	
FEE	DING NE FLORIDA, INC	
(Name of Corporation as cr	rrently filed with the Florid	ia Dent, of State)
N120	00006703	
(Document N	Number of Corporation (if kno	own)
nt to the provisions of section 617:1006, Florida S nent(s) to its Articles of Incorporation: mending name, enter the new name of the corp		Profit Corporation adopts the following
NORTHEAST FLORIDA HOME FI	-	The arm
nust be distinguishable and contain the word "cor	poration" or "incorporated"	The new or the abbreviation "Corp." or "Inc."
any" or "Co." may not be used in the name.		
ter new malling address, if applicable: alling address <u>MAY BE A POST OFFICE BOX</u> )		
	-	
		nter the name of the
		nter the name of the
		nter the name of the
w registered agent and/or the new registered of	Tice address:	enter the name of the
	Tice address:	rida street oddress)
Name of New Registered Agent:	Tice address:	
Name of New Registered Agent:	(City)	rida street oddress), Florida (Zip Code)

address of each Officer (Attach additional sheets	and/or D	drector b		name of each officer/d	frector being removed and title, name,	and
. wast now the officer/at		-	rst tetter of the office i	ntie:		
					ee; G = Chairman or Tio.1., TIO — Tii.	-
					one title, list the first letter of each office	<i>y</i> -
held. President. Treasure					, one much the many that to the stay to the same spinor	
Changes should be noted a change, Mike Jones lea	in the fo	llowing mo	anner. Currently John 1, Sally Smith is named		ST and Mike Jones is listed as the V. Ther ould be noted as John Doe, PT as a Chan	
Mike Jones, V as Remove	e, and Sal	lly Smith, S	SV as an Add.			
Example:						
X Change	<u>64.</u>	John Do	e			
X Remove	$\overline{\underline{\mathbf{v}}}$	Mike Jo				
X Add	<u>sv</u>	Sally Sm				
3.3			<del></del>			
Type of Action (Check One)	<u>Title</u>		Name		Address	
1) Change		<del></del>				
Add						
_						
Remove						
2) Change						
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_	<del> </del>	<del> </del>		
Add						
Auu						
Remove						
·						
6) Change						
ففه						
Add						

\_\_\_\_ Remove

ch additio	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)	
ARTICLE III		
	TO ASSIST FAMILIES THAT ARE VICTIMS OF HOME FIRES IN NORTHEAST FLORIDA	
7		
<del></del>		
<del></del>		
<del></del>		
<del></del>		

**MARCH 14, 2016** The date of each amendment(s) adoption: if other than the date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, 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 east 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. Signature (By the chairman or vice chalman of the board, president or other officer-if directors have not been elected, 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)