## N12000009061

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C. LEWIS MAR 2 5 2014 EXAMINER

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: MOVING FORWARD SWFL INC. DOCUMENT NUMBER: N 12000009061 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: WILLIAM A. PRESSPRICH
(Name of Contact Person) MOVING FORWARD SOFL, INC. 14223 PATTY BERB DRIVE FORT MYERS FLORIDA 33919
(City/State and Zip Code) MFRISKE5@GMAIL.COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HRNOLD FRISKE at ( 239 ) 267 - 8399 (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 & B\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

**Mailing Address** 

TO: Amendment Section

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

AMD AND FILED

## Articles of Amendment to

Articles of Incorporation

14 MAR 24 AM 9: 37

MOVING FORWARD SWFL, INC. FALL AHASSES, FLORIDS

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

N1200009961

(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" or "incorporated" or the abbreviation "Corp." or "Inc. "Company" or "Co." may not be used in the name. 4807 LNCHORAGE AVE. B. Enter new principal office address, if applicable: ORT MYERS, FLORIDA 33919 (Principal office address MUST BE A STREET ADDRESS C. Enter new mailing address, if applicable: 4807 ANCHORAGE AVE. (Mailing address MAY BE A POST OFFICE BOX) FORT MYERS, FLORIDA 33919 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: (Florida street address) New Registered Office Address: (City)

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.

Signature of New Registered Agent, if changing

Page 1 of 4

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		Doe 2 Jones 2 Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	ρ	WILLIAM A. PRESSPRICH	14223 PATTY BERG DE FORT MYERS, FLORIDA 33919
2) Change Add Remove	<u>s</u>	FRANCES DERONNE	11004 LAKELAND CR. FORT MYERS, FLORIDA 33913
3) Change Add Remove	D		11228 LAKELAND CP, FORT MYERS, FLORIDA 33913
4) Change - Add Remove		<del></del>	
5) Change Add Remove	T		
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here:
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
N/A
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The date of each amendment(s) adoption: \_ if other than the date this document was signed. SECRETARY OF SHATE Effective date if applicable: (no more than 90 days after amendment file date) TALL ARTACISEE, FLORIDA 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 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) TYPE OF PRINTED PRINTE PRESIDENT
(Title of person signing)

APTIGUYEE