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COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

, , ,

| FORT PIERCE I NAME OF CORPORATION: | HOUSING, INC. | | |
|--|-------------------------|----------------------------------|---|
| # N12000009934 DOCUMENT NUMBER: | | | |
| The enclosed Articles of Amendment and fee are | submitted for filing. | | |
| Please return all correspondence concerning this t | natter to the following | 3: | |
| ROSETTA BARTELL | | | |
| | (Name of Contac | et Person) | · |
| FORT PIERCE HOUSING, INC. | | | |
| | (Firm/ Comp | pany) | |
| 511 ORANGE AVE | | | |
| | (Address | s) | |
| FORT PIERCE, FL 34950 | | | |
| | (City/ State and 2 | Zip Code) | |
| rosetta.bartell@cfpha.org | | | |
| E-mail address: (to be | used for future annua | report notificatio | n) |
| For further information concerning this matter, pl | ease call: | | |
| Rosetta Bartell | | 772 at | 429-6427 |
| (Name of Contact Pe | rson) | | (Daytime Telephone Number) |
| Enclosed is a check for the following amount mad | de payable to the Flori | ida Department of | State: |
| ☐ \$35 Filing Fee | _ | Certif py is Certif | 0 Filing Fee Scate of Status Sied Copy tional Copy is Osed) |
| Mailing Address Amendment Section | | Street Address Amendment Sect | ion |
| Division of Corporations | | Division of Corpo | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

FORT PIERCE HOUSING, INC.

| (Name of Corporation as currently filed with the Fl | orida Dept. of State) | · · · · · · · · · · · · · · · · · · · |
|--|------------------------------|---|
| # N12000009934 | | |
| (Document | Number of Corporation (if | (known) |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation: | Statutes, this Florida Not | For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the co | rporation: | |
| name must be distinguishable and contain the word "c | | The new |
| name must be distinguishable and contain the word - c "Company" or "Co." may not be used in the name. | orporation or incorpora | iea or ine abbreviation Corp. or inc. |
| B. Enter new principal office address, if applicables | : | |
| (Principal office address <u>MUST BE A STREET ADD</u> | | |
| | | 22 E |
| | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| C. Enter new mailing address, if applicable: | | Ŧ. |
| (Mailing address MAY BE A POST OFFICE BO. | <u> </u> | |
| | | |
| | | |
| D. If amending the registered agent and/or register | rad office address in Floriu | ls anter the name of the |
| new registered agent and/or the new registered of | | aa, enter the name or the |
| Name of New Registered Agent: | | |
| | | |
| | | (Florida street address) |
| New Registered Office Address: | | |
| <u></u> | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered agent. | | ept the obligations of the position. |
| | Signature of New Reg | istered 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 | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|--|------------------------------------|---|--|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| Change Add | <u>VD</u> | CALETA SCOTT | 511 ORANGE AVE. FORT PIERCE, FL 34950 |
| Remove | | | |
| 2) Change Add | | | |
| Remove 3) Remove Add Remove | | | |
| 4) Change Add | | | |
| Remove 5) Change Add Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or addin (attach additional shee | | onal Articles, enter change(s) here: essary). (Be specific) | |
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| The date of each amendment(s) adoption: date this document was signed. September 9, 2021 | _, if other than the |
| Effective date if applicable: September 9, 2021 (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 document's effective date on the Department of State's records. | be listed as the |
| 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.

| Dated | October |
|---------|--|
| Silve | |
| Signatu | e Thuta Francis |
| J | (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) |
| | SHEILA BRADLEY |
| | (Typed or printed name of person signing) |

(Title of person signing)