## N13000000951

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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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C. LEWIS SEP 16 2013 EXAMINIER

## COVER LETTER

TO: Amendment Section

Division of Corporations Farm Bureau, Inc. Pasco County NAME OF CORPORATION: N13000000951 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sheri Mason
(Name of Contact Person) Posco County Form Bureau 12445 US Hwy 301 (Address) Dade City, FC 38525 (City/ State and Zip Code) Sheri. mason Offbic. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Street Address **Mailing Address** Amendment Section 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

to
Articles of Incorporation

of		
Pascal L. Farm B. 2011	$T_{i}$	2/
(Name of Corporation as currently filed with the Florida Dept of State)	+1	IC,
1/13 0000 00 GG		
(Document Number of Corporation (if known)		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the famendment(s) to its Articles of Incorporation:	ollowin	g
A. If amending name, enter the new name of the corporation:		
	The nev	v
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." of "Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	SS	reade. p <sup>7</sup>
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vi.	က်	1
	T.	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	တဲ့	<u></u>
new registered agent and/or the new registered office address:	S)	
Name of New Registered Agent:	•	
(Florida street address)		
New Registered Office Address:		
, Florida		
(City) (Zip Code)		
Name Designationed Assert's Stangetons of shanning Designation Asserts		
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	PT John D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	TD	Jan Dillard	15995 Bellamy Brothers Blud Dade City, FL 33523
2) Change Add Remove	TD	Tim F Philmon	Dode City, FL 33525
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	

	ate of each amendment(s) add	ption:	10-13-1	<u> 3</u>		if other than the
date tl	nis document was signed.				Page \$ 6	<b>35</b> 0
Effect	tive date <u>if applicable</u> :				FIL	ED
		(no more than S	90 days after am	endment file date)	13 SEP -5	4H 8:55
Adop	tion of Amendment(s)	(CHECK ON	<u>E</u> )		TABLES ASSEE.	F.STAFF.
	The amendment(s) was/were add was/were sufficient for approval	•	s and the number	of votes cast for the	amendment(s)	CI-UNITA
	There are no members or members adopted by the board of director		the amendment	(s). The amendment(s	s) was/were	
	Dated	28.3				
	Signature		>			
	have not bee		orporator – if in t	esident or other office he hands of a receiver		
	<u>u</u>	), \\too S Typed or printed nan	· mpson	·		
	(	_	ne of person sign	ning)		
		President				
		(Title of pe	erson signing)			