N13000002999

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SECRETARY OF STATE

Cf 2/11/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ounty Parks and Pro	eservation Foun	dation, Inc.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submit	tted for filing.		
Please return all correspondence concerning this matter	to the following:		
Brandy W Ioppolo			
()	Name of Contact Pe	rson)	
Friends of Seminole County Parks and Preservation Fou	indation, Inc.		
	(Firm/ Company)	
120 Stone Post Road			
	(Address)	•	
Longwood, Florida 32779			
(C	City/ State and Zip (Code)	
Brandy@StrategicVFO.com			
E-mail address: (to be used for	or future annual rep	ort notification	
For further information concerning this matter, please ea	ıll:		
Brandy W loppolo	at	407	961-0000
(Name of Contact Person)	u `		(Daytime Telephone Number)
Enclosed is a check for the following amount made paya	able to the Florida I	Department of S	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status		Certific Certific	Filing Fee cate of Status ed Copy onal Copy is sed)
Mailing Address Amendment Section Division of Corporations	An	eet Address nendment Section vision of Corpo	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tailahassee, FL 32303

Articles of Amendment Articles of Incorporation

FILED

Friends of Seminole County Parks and Preservation Foundation, Inc.

2022 JAN 31 AM 11:55

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

SECRETARY OF STATE

N13000002999		TALL AHASSEE EI
(Docum	nent Number of Corporation (
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
	· · · · · · · · · · · · · · · · · · ·	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	ble:	
(Principal office address MUST BE A STREET A	(DDRESS)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
D. If amending the registered agent and/or regi		ida, enter the name of the
new registered agent and/or the new register	ed office address:	
Name of New Registered Agent:	Strategic Accounting & Con	sulting
	120 Stone Post Road	
		(Florida street address)
New Registered Office Address		
	Longwood	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as registered ager		ept the obligations of the position.
سم,	イ フ・・・・	

Signature of New Registered 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	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>Director</u>	Susie Dolan	717 S. Park Ave. Sanford, Florida 32771
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add	 -		
Remove			
6) Change Add			
Remove			
E. If amending or addit (attach additional shee		icles, enter change(s) here: (Be specific)	
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		· · · · · · · · · · · · · · · · · · ·	

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		<u> </u>
The date of each amendmen	01/19/2022	: o . a a
The date of each amendmen date this document was signed	(s) adoption:	, if other than the
	01/19/2022	
Effective date if applicable:	(no more than 90 days after amendment file do	ote)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requi he Department of State's records.	irements, this date will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

	nembers or members entitled to vote on the amendment(s). The amendment(s) was/were e board of directors.
Dated	01/19/2022
Signa	(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)
	Brandy W Ioppolo
	(Typed or printed name of person signing)
	Chairman
	(Title of person signing)