N13000005684

(Re	questor's Name)
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phor	ne #)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Harvesttime Community & Economic Development, Inc
DOCUMENT NUMBER: 13000005684
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Stackelbeck
(Name of Contact Person)
Harvesttime Community & Economic Development, Inc.
(Firm/ Company)
(company)
65 Beverly St.
(Address)
North Andover, Ma. 01845
(City/ State and Zip Code)
(Only) State and Exp Code)
_Bobstackelbeck@yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Stackelbeck at 978 398 2028
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
Certificate of Status Certified Copy Certificate of Status
(Additional copy is Certified Copy enclosed) (Additional Copy is
enclosed) (Additional Copy is

Mailing Address
Amendment Section

Street Address
Amendment Section

Enclosed)

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

(Name of Corporation as	urrently filed with the Florida I	Dept. of State)		
13000005684				
(Document	Number of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For Pro</i>	fit Corporation adopts	the follo	owing
A. If amending name, enter the new name of the co	rporation:			
			The	e new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or	the abbreviation "Corp	o." or "I	nc."
B. Enter new principal office address, if applicable				
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)			
				
			<u></u>	20
C. Enter new mailing address, if applicable:			<u></u>	1028
(Mailing address <u>MAY BE A POST OFFICE BOX</u>			<u>-9</u>	
			PH	<u> </u>
			_ 	- CS
D. If amending the registered agent and/or register	ed office address in Florida, ente	er the name of the	59	REAL
new registered agent and/or the new registered of				7.
Name of New Registered Agent:				
	(Florida s	treet address)		
New Registered Office Address:				
		, Florida		
	(City)	(Zip Code)		
lew Registered Agent's Signature, if changing Regishereby accept the appointment as registered agent. I		bligations of the positio	n.	
	Signature of New Registered A	gent, 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 Doe Y Mike Jones SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s	
Change Add x Remove VPD	Amanda Stackelbeck, 350 Watercrest S	it. Sebastian, Fl. 32958	
1) Change			SECRETARY D TALLAH SSEE
Add Remove 3) Change			PH/12: 59
Add			
4) Change Add			
Remove 5) Change			
Add Remove			

Change		
Add Remove	Page 2 of a lditional Articles, enter change(s) here:	4
(attach additional sheets, if	necessary). (Be specific)	
		15 AL
		9 PH 12: 5
		10 C

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 document's effective date on the Department of State's records.	: be lis	sted as the
Adoption of Amendment(s) (CHECK ONE)		
X The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	5	SECi TALL
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	1 6-NOF	FILE AHASSET
Dated 6-1-2015	PH 12: 59	F STATE
Signature / / / tenefled		Δ.
(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)		
Robert Stackelbeck		-
(Typed or printed name of person signing)		
CEO		
(Title of person signing)		