114391

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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Čorporations

NAME OF CORPO	RATION: Big Brothers E	ig Sisters of Martin Co	ounty, Inc.
DOCUMENT NUM	BER: <u>N14391</u>		
The enclosed Article	s of Amendment and fee are sub	mitted for filing.	
Please return all corre	espondence concerning this matt	er to the following:	
	··	Bill Bee	
	(Name of	Contact Person)	
_Big	Brothers Big Sisters of Pa		nties, Inc
	(Firm	/ Company)	
	5033 South	Federal Highway	
	(A	Address)	
	Stuar	t, FL 34997	
	(City/ Stat	te and Zip Code)	
	wbee@i	mentorbig.org d for future annual report notifi	cation)
For further informati	on concerning this matter, please	e call:	
Bill Bee		at (772) 283-8 3	
(Name	of Contact Person)	(Area Code & Day	time Telephone Number)
Enclosed is a check t	or the following amount made p	ayable to the Florida Departme	ent of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

•		51	
Artic	cles of Amendr	nent 2010 JAN 14 atjour CRETARY OF n County, frica	En
	to	JAN /	
Articl	es of Incorpor	ationecretan	PH G.
Dia Prothero Ria Sini	tore of Morti	n County Secon	Sr.
Big Brothers Big Sist	ntly filed with th	ne Florida Dept. of	State
	114391	(-1 1)	
(Document Numb		on (if known)	
Pursuant to the provisions of section 617.1006, I the following amendment(s) to its Articles of Inc.		this <i>Florida Not Fo</i>	r Profit Corporation adopts
A. If amending name, enter the new name of	the corporation	<u>:</u>	
Big Brothers Big Sisters of P			
The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" or			
B. Enter new principal office address, if application (Principal office address MUST BE A STREET)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC			
D. If amending the registered agent and/or renew registered agent and/or the new registered agent and/or the new registered Agent:			enter the name of the
New Registered Office Address:	(Florid	du street address)	
			, Florida
-		(City)	(Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered position. Signature, if changin I hereby accept the appointment as registered Signature, if changin		familiar with and a	ccept the obligations of the

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
	-		
E. If amer	nding or adding additional Anadditional Anadditional sheets, if necessary	articles, enter change(s) here:). (Be specific)	

The date of each amendment	(s) adoption: 12/10/2010
Effective date <u>if applicable</u> :	(date of adoption is required)
,	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or radopted by the board of dir	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	
Signature	Valion D Astonayor
(By hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or the court appointed fiduciary by that fiduciary)
	Dalynn D. Sotomayer (Typed or printed name of person signing)
	Charperson of board. (Title of person signing)