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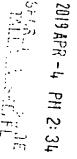
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R. WHITE APR 12 2019





COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Enverald Coast Foster Adoptive Papert Association
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
F DAWN Ma WA (Name of Contact Person)
Emerald Coast Foster Adopt Association (Firm/Company)
3+80 Molino Rd (Address)
Molino FL 32577 (City/ State and Zip Code)
ECFAPACI GNAIL COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person) at 850 440 \$4848 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to cles of Incorporation

		Articles	of Incorporation		
Emerald	(06tst	Foster/Adol	tue Parent	Asociati	- ₩ O/12.22
, , <u> </u>	(Name of	Corporation as current	tly filed with the Flor	ida Dept, of State)	*************************************
	· 			SIGN	TATE
		(Document Numb	er of Corporation (if kr	nown)	still FL
		(150 carrent reality)	er or corporation (ii at	(C**11)	
ursuant to the provisi- mendment(s) to its At			s, this <i>Florida Not Fo</i> r	r <i>Profit Corporation</i> ado	pts the following
. If amending name	e, enter the new	name of the corporati	on:		
					***1
	ichable and con	tain the word "cornerat	ion" or "incornarated	" or the abbreviation "C	The new
ame mast be aistinga Comp <u>any" or "Co."</u>			im or incorporated	on the universalism c	orp. or me.
			2116-	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Enter new princip	ial office addre	<u>ss, if applicable:</u> 4		olino Rd _	
ттеграг бууссе ааат	255 <u>81031 DL 2</u>	(STREET ADDRESS)	Malino	FL 3257	7
. Enter new mailin	o address if ar	nnlicable:			
(Mailing address					
					
		and/or registered offic		enter the name of the	
new registered ag	ent and/or the	new registered office a	uuress:		
<u>Nam</u>	<u>e of New Regist</u>	<u>ered Agent</u> : DAWE	<u> V C Mairr</u>		
		344	50 Molino	Rouda M	InoFL 32
				orida street address)	XIVIOT C
<u>Nev</u>	w Registered Of	<u>lice Address:</u>			
			Molino	Clarida	32577
			(City)	, Florida, (Zip Co	ide)
			(Cily)	(24)	,
		if changing Registered			
hereby accept the app	voi nime nt as reș	gistered agent Lam far 	niliar with and accept	the obligations of the po	sition.
		,/),		_ ^	
		<u> 11200</u>	enthe	Maria	<u>-</u>
		Si	gnature of New Regist	ered 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>V</u> <u>Mil</u>	n Doe ce Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	R	Julie Hermann-S	e cchiari
Add **Remove**			
2) Change	<u>V</u>	Tina Goodson	
Add			
Remove 3) Change	Sic	Loxi Ann Cary	
Add		,	
4) Change	Treas	Kenberly Omste	
Add Remove			
5) Change	Pus	Down Mann	3180 Molino Rd Molino FL 30577
Remove	,		
6) Change	V	Kathryn Thomas	
Add Remove			

If amending or adding additional A attach additional sheets, if necessary). (Be specific)			
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The date of each amendment(s)	adoption:		, if other than the
date this document was signed. Effective date <u>if applicable</u> :	March 18	2014 lays after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the I		licable statutory filing requirements, this date will no ls.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were was/were sufficient for appro-	adopted by the members an	ad the number of votes cast for the amendment(s)	
There are no members or me adopted by the hoard of dire		e amendment(s). The amendment(s) was/were	
have not		the board, president or other officer-if directors orator - if in the hands of a receiver, trustee, or at fiduciary)	
	Kathryn (Typed or	Thomas printed name of person signing)	
	Vice	President	

(Title of person signing)