## N15000599

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## \* COVER LETTER \*

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Florida Advocacy and	Independence Reso	urce Center, In	c	
DOCUMENT NUMBER:	N150000	05599			
The enclosed Articles of Amer	adment and fee are subm	itted for filing.			
Please return all correspondent	ce concerning this matter	to the following:			
Wendy Vance					
	(	Name of Contact Pe	rson)	· ·	
Florida Advocacy and Indepen	ndence Resource Center,	Inc			
		(Firm/ Company	)		
2755 Raintree Circle					
		(Address)		· ·	
Tallahassee, FL 32308					
	(	City/ State and Zip C	Code)		
E-n	nail address: (to be used	for future annual rep	ort notification	)	
For further information concer	ning this matter, please c	all:			
Wendy Vance		at	850	508-5607	
1)	Name of Contact Person)		(Area Code)	(Daytime Telephone	Number)
Enclosed is a check for the fol	lowing amount made pay	able to the Florida D	Department of S	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	3\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status led Copy Lional Copy is used)	
Mailing Ad	dress	Str	eet Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

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		La Christian Commence	
(Name of Corporation as current		Dept. of State) = Floadis	
N150000055	599	The Control of the Co	
	er of Corporation (if know	vn)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For P</i>	rofit Corporation adopts the following	
A. If amending name, enter the new name of the corporation	on:		
Florida Advocacy and Independence Resource Center, Inc		The new	
name must be distinguishable and contain the word "corporat. "Company" or "Co." may not be used in the name.	ion" or "incorporated" o		
B. Enter new principal office address, if applicable:	1246 Timberlane Road, Unit E		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Tallahassee, FL 32312		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1246 Timberlane Road,	Unit E	
	Tallahassee, FL 32312		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office and and a Name of New Registered Agent:		ter the name of the	
New Registered Office Address:	(Florid	da street address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		e obligations of the position.	
	ianature of New Registers	ed 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 <math>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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change  x	T	Nancy Folsom	Tallahussee, FL 3230
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove  5) Change Add			
Remove 6) Change Add			
Remove			

f amending or adding additional Artic utach additional sheets, if necessary).	:les, enter change(s (Be specific)	s) here:		
	<del></del>			<u></u>
				·· <b></b> -
			**************************************	<del></del>
		,		
			···	

	07/31/2015	
The date of each amendmen	t(s) adoption:	, if other than the
date this document was signed	<b>i</b> .	
	07/31/2015	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will the Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.	
There are no members o adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
07/3 Dated	1/2015 June	
	/ - ymu	
Sia	MALA	
- 8	e chairman or vice chairman of the board, president or other officer-if directors	
` •	not been selected, by an incorporator – if in the hands of a receiver, trustee, or	
	court appointed fiduciary by that fiduciary)	
other	court appointed inductary by that inductary)	
T	ravis Vance	
	(Typed or printed name of person signing)	
D	pirector	
_	(Title of person signing)	