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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Friends of Escambia County Shelter
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sasha Corbett
(Name of Contact Person)
(Firm/ Company)
P.O. BOX 11553
(Address)
Perfacola, FL 32524
(City/ State and Zip Code)  Provali Cafm (Compail Compail Comp
For further information concerning this matter, please call:
(Name of Contact Person)  (Name of Contact Person)  (Area Code)  (Daytime Telephone Number)
(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:
□ \$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  □ \$43.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)  □ \$43.75 Filing Fee & 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 Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# Articles of Amendment to Articles of Incorporation

of

Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following mendment(s) to its Articles of Incorporation:
The new same must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: 5776 Rebble Ridge Dr. Principal office address MUST BE A STREET ADDRESS)  TILL 32583
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  Resource FL 30504
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent: Sasha Corbett  5776 Rebble Ruge D
New Registered Office Address:  (Florida street address)  Florida 1-1 32583  (City)  (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  hereby accept the appointment as registered agent.—I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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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 D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Z Change Add	N.	Michelle Dauglas	9.0. Box 11553 Personale, FL 32504
Remove 2) Change Add	9_	Kim 3ch raishum Ranier	
Remove Change Add Remove  Change	<u></u>	mohelle Hottma	\
Add Remove  5) Change			
Add Remove 6) Change			
Add	No. 14		
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	

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10/12/22	
The date of each amendment(s) adoption: 1013 3	, if other than the
date this document was signed.	
Effective date if applicable:	
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 be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

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

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
Dated 10-31-22				
Signature  (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)				
(Typed or printed name of person signing)				
(Title of person signing)				

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