N10000005594

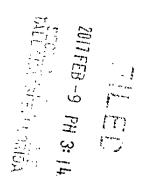
(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	☐ WAIT	, MAIL
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Amend

FEB 1 0 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Inc.	
N16000005594 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Dan Kon		
1	(Name of Contact Person)	
Imagine Our Florida, Inc		
	(Firm/ Company)	
215 Albrighton Court		
	(Address)	
Longwood FL 32779		
	(City/ State and Zip Code)	
info@imagineourflorida.org		
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please of	call:	
Dan Kon	407 786-3971	
(Name of Contact Person)		
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section	
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 .

Imagine Our Florida, Inc.			
(Name of Corporation as curr	ently filed with the Flor	ida Dept. of State)	
N16000005594			
(Document Nur	mber of Corporation (if kr	nown)	
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not Fo</i>	Profit Corporation adopts the	following
A. If amending name, enter the new name of the corpor	ation:		
N/A			The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated N/A	" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>			
		C d a	20
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		758
			ا و
		<u> </u>	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		enter the name of the	7
Name of New Registered Agent: N/A	***************************************		
New Registered Office Address:	(Fla	orida street address)	
		7 1	
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		the obligations of the position.	
	Signature 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>M</u>	ohn Doe like Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	Alexis Foxx	16451 Hardeman Jct
Add	•		Weeki Wachee FL 34614
X Remove			
2) Change	S	Andy Waldo	240 Banbury Court
X Add			Longwood FL 32779
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		_	

E. If amending or adding additional Articles, enter change(s) here (attach additional sheets, if necessary). (Be specific)					
N/A					
			·		
·					
					+
		·			
					··· · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	

02/04/2017	
The date of each amendment(s) adoption:	_, if other than the
late 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 be locument's effective date on the Department of State's records.	oe listed as the
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.	
02/04/2017 Dated	
Signature Daniel Kon	
(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)	_
Daniel Kon	
(Typed or printed name of person signing)	
TREUSURE/	
(Title of person signing)	•