N16018

Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA			oundation, Inc.		
DOCUMENT NUMBI	er: <u>N 160 18</u>	3			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	,		
Please return all corresp	ondence concerning this mat	tter to the following:			
_	Mary	SISCO Name of Contact Person			
_	Florida For	restry Four	idation, Inc.		
_	40a E. Jef	Firm!/ Company Ferson St.			
_	Tallahassee	Address FL . 3830 City/ State and Zip Code			
	City/ State and Zip Code				
	E-mail address: (to be us	orest Fla, or a led for future annual report	notification)		
For further information	concerning this matter, pleas	e call:			
Mary 8	3°sco	at (850	, 222 - 5646		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment 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)		
	ng Address	· · · · · · · · · · · · · · · · · · ·	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

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Florida Forestry Foundation, In
DOCUMENT NUMBER: N 16018
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Florida Forestry Foundation, Inc
402 E. JEfferson St.
Tallahasse FL . 38301 (City/State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mame of Contact Person) at (850) 222 - 5646 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Bigcup \\$52.50 Filing Fee \\ \text{Certificate of Status} \\ \text{Certified Copy} \\ \text{(Additional copy is enclosed)} \\ \text{Certified Copy is Enclosed)} \end{array}
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 16, 2012

MARY SISCO FLORIDA FORESTRY FOUNDATION, INC 402 E JEFFERSON ST TALLAHASSEE, FL 32301

SUBJECT: FLORIDA FORESTRY FOUNDATION, INC.

Ref. Number: N16018

We have received your document for FLORIDA FORESTRY FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts Regulatory Specialist II

Letter Number: 912A00025455

Articles of Amendment FILED to Articles of Incorporation (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name 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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

Signature of New Registered 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	PT John I V Mike SV Sally S	<u>Jones</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove	<u>SD</u>	Alan Shelby	402 E. Jefferson St Tollahassee, FL. 38301
2) Change Add	<u>3D</u> _	Robert Cook	P.O.BOX 2249 bake City, FL
Remove 3) Change Add Remove	D	Jeff Doran	33056 403 E. JEfferson St Tallahassee, FL. 33301
4) Change Add Remove	D	Akin Shelby	40a E. Jefferson St Jalahasse, FL. 32301
5) Change Add Remove		·	
6) Change Add			
Remove		Page 2 of 4	

E. <u>If amending or adding additional Art</u>	ticles, enter change(s) here:	
E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	
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The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
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 10/25/12
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)
Alan Shelby
(Typed or printed name of person signing)
(Typed or primed name of person signing) Executive Director
(Title of person signing)