N17000001397

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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SECKETARY OF STATE DIVISION OF CORPORATIONS

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D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	rion: INTERFAITH AC	TION GROUP OF SOUTI	HWEST FLORIDA, INC.			
DOCUMENT NUMBER	R:					
The enclosed Articles of	Amendment and fee are su	bmitted for filing.				
Please return all correspon	ndence concerning this mat	tter to the following:				
AN	ANN KAPLAN					
	Name of Contact Person					
IN'	INTERFAITH ACTION GROUP OF SOUTHWEST FLORIDA					
_	Firm/ Company					
83:	8359 BEACON BLVD, #215					
_		Address				
FO	RT MYERS, FL 33907					
_		City/ State and Zip Cod	e			
ann@ren	tagenius.com					
	-	ed for future annual report	notification)			
For further information co	oncerning this matter, pleas		940-2761			
	S D	at () 940-2761 de & 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	□\$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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

SECRETARY OF STATE
DIVISION OF CORTORATION
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2017

ANN KAPLAN INTERFAITH ACTION GROUP OF SOUTHWEST FLA 8359 BEACON BLVD., #215 FORT MYERS, FL 33907

SUBJECT: INTERFAITH ACTION GROUP OF SOUTHWEST FLORIDA, INC.

Ref. Number: N17000001397

We have received your document for INTERFAITH ACTION GROUP OF SOUTHWEST FLORIDA, 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 form you submitted is for a Florida Profit Corporation, but your entity is a Florida Nonprofit Corporation. Please complete and return the enclosed blank form(s).

All you need to do is complete page 1 and page 4 of the attached application because page 2 will be the same information.

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.

Diane Cushing Senior Section Administrator

Letter Number: 917A00005629

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Articles of Amendment to Articles of Incorporation

	of	
Interfaith Action Group of	F Southwest Florida, Inc.	
(Name of Corporation as current	ntly filed with the Florida Dept. of State)	
N 1700000 1397		
(Document Numbe	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following	
A. If amending name, enter the new name of the corporation	tion:	
	The new	
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	ution" or "incorporated" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable:	9	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		57 [C]
		AR E
	OR P	_ _ _
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		3. 3. €
•		字
Name of New Registered Agent:	\	5M 2
	(Florida street address)	.n
New Registered Office Address:	[-1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0	
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fam	Agent: amiliar with and accept the obligations of the position.	
	Signature of New Registered Agent, if changing	
ំរូ <u>ខ</u>	Signature of New Kegisterea 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	RUSTY MAY	8359 BEACON BLVD, #215
X Add			FORT MYERS, FL 33907
Remove			
2) Change	<u>V/T</u>	ANN KAPLAN	12995 S CLEVELAND AVE, #208
X Add			FORT MYERS, FL 33907
Remove	S	ELAINE ST. CLAIR	8359 BEACON BLVD., #215
3) Change X		EDAINE ST. CLAIR	FORT MYERS, FL 33907
Add Add			PORT MTERS, PL 33307
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

2. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)							
							
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The date	date of each amendment(s) adopte this document was signed.	ion: February 6,2017	, if other than the
Effe	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date,)
	e: If the date inserted in this block oument's effective date on the Depart	loes not meet the applicable statutory filing requirenment of State's records.	nents, this date will not be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
മ	The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for	the amendment(s)
	There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendm	nent(s) was/were
	Dated April	3,2017	
	have not been s	n or vice chairman of the board, president or other of elected, by an incorporator – if in the hands of a recointed fiduciary by that fiduciary)	
	A	(Typed or printed name of person signing	g)
	Vice	President, Treasurer (Title of person signing)	