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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Interfaith Action Gro	oup of Southwest Florida Inc	
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:	
,	ANN KAPLAN	
-	(Name of Contact Person)	
Interfaith Action	Group of Southwest Florida Inc	
	(Firm/ Company)	
12995 S. (	Cleveland Ave., Unit 208	
	(Address)	
Fort Myers	s, FL 33907	
- (	(City/ State and Zip Code)	
ann@rentagen	nius.com	
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please of	call:	
Ann Kaplan	239 940-2761 at	
(Name of Contact Person)		
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:	
■ \$35 Filing Fee □S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section	Street Address Amendment Section	
Division of Corporations	Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Interfaith Action Group of Southwest Florida Incy

<del></del>	currently filed with the Flori	da Dept. of State)
N17000001397		
(Document	t Number of Corporation (if kn	own)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	r Profit Corporation adopts the following
A. If amending name, enter the new name of the con	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	or the abbreviation "Corp," or "Inc,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.		·
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u> </u>	
D. If amending the registered agent and/or registere	ed office address in Florida.	enter the name of the
new registered agent and/or the new registered of		enter the many of the
Name of New Registered Agent:		
<del>-</del>	(Florida street address)	
	(Fla	rida sireel adaress)
New Registered Office Address:	(Flu	rida Mreet address)
<u>New Registered Office Address</u> :	(Flu	•
<u>New Registered Office Address</u> :	(Fit.	Florida (Zip Code)
	(City)	Florida
New Registered Office Address:  New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.	(City)	Florida Florida (Zip Code) the obligations of the gosition.
New Registered Agent's Signature, if changing Regi	(City)	Florida Florida (Zip Code) the obligations of the gosition.
New Registered Agent's Signature, if changing Regi	(City) istered Agent: I am familiar with and accept t	. Florida (Zip Code)  the obligations of the position.
New Registered Agent's Signature, if changing Regi	(City) istered Agent: I am familiar with and accept t	Florida Florida (Zip Code) the obligations of the gosition.

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>Mik</u>	<u>n Doe</u> e Jones e Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	Elaine St. Clair	8359 Beacon Blvd. #215
Add			Fort Myers, FL 33907
X Remove			
2) Change	<u>s</u>	Mary Tracy Sigman	8359 Beacon Blvd. #215
X Add			Fort Myers, FL 33907
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add	<del></del>		
Remove			

f amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
	<del> </del>

August 28, 2018 The date of each amendment(s) adoption:	if other than the
date this document was signed.	
August 28, 2018 Effective date if applicable:	
(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the members and the number of votes cast fo was/were sufficient for approval.	r the amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendr adopted by the board of directors.	nent(s) was/were
September 27, 2018 Dated	
Signature Cin Kala	
(By the chairman or vice chairman of the board, president or other of have not been selected, by an incorporator – if in the hands of a recother court appointed fiduciary by that fiduciary)	
Ann Kaplan	
(Typed or printed name of person signif	ng)
Vice-President, Treasurer	
(Title of person signing)	<del></del>