

(Requestor's Name)
(Nequestor's Name)
(Address)
(10.000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



900303584299

10/03/17--01012--014 \*+35.00

TATE AHASH E FEBRUAR

FILED 17 OCT -3 AM 10: 00

OCT 05 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations

COMMITTEE NAME OF CORPORATION:	FOR GOVERNMENT ACCOUNTABILITY INC
N17000002448 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
SHANE MALOY	
	(Name of Contact Person)
COMMITTEE FOR GOVERNMENT ACCOU	INTABILITY INC
	(Firm/ Company)
5840 RED BUG LAKE RD SUITE 25	
	(Address)
WINTER SPRINGS, FL 32708	
· · · · · · · · · · · · · · · · · · ·	(City/ State and Zip Code)
MARKCROSSEA@PRODIGY.NET	
E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter, p	olease call:
MARK CROSS EA	407-944-4242 at
(Name of Contact P	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of St	Tee & S43.75 Filing Fee & S52.50 Filing Fee tatus Certified Copy (Additional copy is enclosed)
Mailing Address	Street Address

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 Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

17 OCT -3 AM 9:59

COMMITTEE FOR GOVERNMENT ACCOUNTABILITY INC

SECRETARY OF STATES

(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
N17000002448			
(Document Numb	per of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the followin		
A. If amending name, enter the new name of the corporati	ion:		
N/A	The new		
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."		
B. Enter new principal office address, if applicable:	5840 RED BUG LAKE RD		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	SS) SUITE 25		
	WINTER SPRINGS, FL 32708		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5840 RED BUG LAKE RD		
	SUITE 25		
	WINTER SPRINGS, FL 32708		
D. If amending the registered agent and/or registered officenew registered agent and/or the new registered office a	ce address in Florida, enter the name of the iddress:		
Name of New Registered Agent: N/A			
<u>New Registered Office Address</u>	(Florida street address)		
	, Florida		
	(Cuy) (Zip Code)		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai			
Si	ignature 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	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	<u>D</u>	SHANE MALLOY	1617 CHILEAN LN
Add			WINTER PARK, FL 32792
X Remove			
2) Change	D	SHANE MALOY	4875 GABRIELLA LANE
X Add			OVIEDO, FL 32765
Remove			
3 ) Change	<del></del>		
Add			
Remove			
4) Change			
Ađd			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or addin (attach additional shee	g additional Article ts, if necessary). (	es, enter change(; Be specific)	<u>s) here</u> :			
•						
			<del></del>	<del></del>	<del></del>	
<del></del>						
				<del></del>		<del></del>
	·	<del></del>				
		<del></del>				
	_					

ľhε	date of each amendment(s) adopti	on:	, if other than the
ate	this document was signed.		
	09/20/20	17	
€ffe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this block dument's effective date on the Departr	oes not meet the applicable statutory filing requirements, this date will nent of State's records.	ot be listed as the
١d٥	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopte 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 amendment(s) was/were	
	Dated 09/20/2017		
	Signature	ne lug	
	have not been se	or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or inted tiduciary by that tiduciary)	
	SHANE MA	LOY	
		(Typed or printed name of person signing)	
	DIRECTOR		
		(Title of person signing)	