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## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Mount Oliv	Community Outreach Founda	ation Inc.
DOCUMENT NUMBER: N1700000	1221	
The enclosed Articles of Amendment and fee are submit	ted for filing.	
Please return all correspondence concerning this matter t	o the following:	
DeMarrio Bryant	iame of Contact Person)	
325 Mine Rd	Table of Contact / Cloon,	
Midway Florida	32343	
ı	(Address)	
·	City/ State and Zip Code)	
5-pcbryant 20010 yah	00.COM	
For further information concerning this matter, please co		
DeMarrio Bryant (Name of Contact Person)	at (850) 519-85 (Area Code) (Daytime Tele	792 enhone Number)
Enclosed is a check for the following amount made pays		· · · · · · · · · · · · · · · · · · ·
□ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status		
Mailing Address Amendment Section	Street Address Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to to . Articles of Incorporation

Mount Olive Community &	Intreach Foundation Inc.
(Name of Corporation as curren	(tly filed with the Florida Dept. of State)
<u> </u>	
(Document Numb	per of Corporation (if known)
amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
	The new
name must be distinguishable and contain the word "corporal "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:	325 Mine Rd
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Midway Florida 32343
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	325 Mine Rd Midway Florida 32343
	Midway Florida 32343
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent: De	Marrio Bryant
325	Mine Rd Midway F1 32343
New Registered Office Address:	, it is all so cer differences.
_Mil	dway , Florida 32343 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai	
	2M By ARE I
Si	ignature of New Registered (Jeent, if changing SER 3
	F ST FLO

Page I of 4

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	V Mike	Doc : Jones · Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>VP</u>	Thomas Demps	PO Box 1541 Perry Fl 32348
2) Change Add	<u>SEC</u>	Ronnette Griffin	PO Box 1541 Perry Pl 32348
Remove 3 ) Change Add	TREA	Earl. Cobb Sr.	PO BOX 1541 Perry F1 32348
Remove  4) Change Add Remove			
5) Change Add	·		
6) Change Add Remove			

tach additional sheets, if necessary).	(Be specific)					
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date this document was signed.	f other than the
Effective date if applicable: 7/29/2019 (no more than 90 days after amendment file date)	
(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 I document's effective date on the Department of State's records.	sted 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.	
Dated $\frac{7/29/2019}{}$	
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)	
DeMorrio Bryant (Typed or printed name of person signing)	
President	
(Title of person signing)	