

N17000012346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

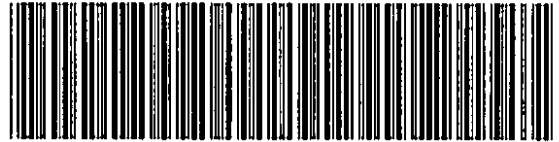
(Document Number)

Certified Copies _____ Certificates of Status _____

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J. HORNE
APR - 4 2022

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03/21/22--01038--011 **52.50

FILED
2022 MAR 21 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BONAQUIST | ALLEN
Attorneys at Law

March 16, 2022

VIA USPS MAIL:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Articles of Amendment for Family to Family Kid's Crisis Closet, Inc.

Dear Sir or Madam,

Enclosed please find a cover letter and Articles of Amendment for the above referenced non-profit Florida corporation.

Also enclosed is a check in the amount of \$52.50 for the filing fee, certificate of status and a certified copy.

If there are any issues with these forms, please do not hesitate to contact our office.

Very truly yours,

BONAQUIST | ALLEN



Jacquelyn D. Allen

JDA/ab

cc: Clients



COVER LETTER

TO: Amendment Section
Division of Corporations

FAMILY TO FAMILY KID'S CRISIS CLOSET, INC.

NAME OF CORPORATION: _____

N17000012346

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACQUELYN D. ALLEN, ESQ.

(Name of Contact Person)

BONAQUIST ALLEN

(Firm/ Company)

4099 TAMiami TRAIL, NORTH, SUITE 308

(Address)

NAPLES, FL 34103

(City/ State and Zip Code)

JACY@BONAQUISTALLENLAW.COM & FAITH@BEVERLYSANGELS.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACQUELYN D. ALLEN, ESQ.

239

276-7127 X121

(Name of Contact Person) at _____
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FAMILY TO FAMILY KID'S CRISIS CLOSET, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N17000012346

(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:

The Fetti Place, Inc.

The new 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)

5080 POST OAK LANE

NAPLES, FL 34105

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5080 POST OAK LANE

NAPLES, FL 34105

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:

BONAQUIST ALLEN

4099 TAMiami TRAIL NORTH, SUITE 308

(Florida street address)

New Registered Office Address:

NAPLES

34103

(City)

Florida

(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.



Signature of New Registered Agent, if changing

FILED
2022 MAR 21 PM
SECRETARY OF ST.
TALLAHASSEE, FLOR.

☐ 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

3/14/22

Signature

Faith A. Schwalback

(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)

FAITH SCHWALBACK

(Typed or printed name of person signing)

PRESIDENT

Faith A. Schwalback

(Title of person signing)