## N17000012346

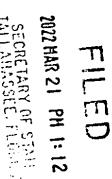
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office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



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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 filir	ng.	
Please return all correspondence concerning this matter to the following	wing:	
JACQUELYN D. ALLEN, ESQ.		
(Name of Co	ntact Person)	
BONAQUISTTALLEN		
(Firm/ C	ompany)	
4099 TAMIAMI TRAIL NORTH, SUITE 308		
(Add	ress)	
NAPLES, FL 34103		
(City/ State a	nd Zip Code)	
JACY@BONAQUISTALLENLAW.COM & FAITH@BEVERL	YSANGELS.ORG	
E-mail address: (to be used for future an	nual report notification)	
For further information concerning this matter, please call:		
JACQUELYN D. ALLEN, ESQ.	239 276-7127 X121	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
· · · · · · · · · · · · · · · · · · ·		
Enclosed is a check for the following amount made payable to the F	Florida Department of State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$4	opy Certificate of Status	
Mailing Address  Amendment Section	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

	Articles of Amendment	TALL AHA
A	to Articles of Incorporation	1022
	of	TASCA
FAMILY TO FAMILY KID'S CRISIS CLOSET, INC.		14.4
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N17000012346		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts	the following
A. If amending name, enter the new name of the con	rporation:	
The Fetti Place, Inc.		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."
	5080 POST OAK LANE	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.)		
C. Enter new mailing address, if applicable:	5080 POST OAK LANE	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u>X</u> )	
	THE PARTY OF THE P	
D. If amending the registered agent and/or registere	ed affice address in Flarida, enter the name of the	
new registered agent and/or the new registered o	office address:	
BO <u>Name of New Registered Agent</u> :	DNAQUIST I ALLEN	
	99 TAMIAMI TRAIL NORTH, SUITE 308	
Manua Di un'antana di CASS and di di	(Florida street address)	
<u>New Registered Office Address:</u> NA	APLES 3410	3
	Florida (City) (Zip Code)	
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent.	i <mark>stered Agent:</mark> I am familiar with and accept the obligations of the positio	»):
/ Accept the appointment to regularite agent.	CI CI CONQUIONS by the position	···
(	monudal 11	
<del></del>	Signature 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 D           V         Mike John S           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change Add	<u>P</u>	FAITH SCHWALBACK	5080 POST OAK LANE NAPLES, FL34105
Remove			
2) X Change Add	TR	CHANTAL CABRAL	27115 MATHESON AVENUE, #203 BONITA SPRINGS, FL 34135
Remove 3) Change X Add Remove	<u>s</u>	AMY WHITLOCK	1145 TURTLE CREEK BOULEVARD #713 NAPLES, FL34110
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
			-18-
			<u> </u>

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The date of each amendment(s) adoption: date this document was signed.		, if other than the
Permateur dans in ambientale.		
Effective date <u>if applicable</u> :	o more than 90 days after amendment file date)	
	not meet the applicable statutory filing requirements, this date will not b	e listed as the
	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

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 the 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)
FAITH SCHWALBACK
(Typed or printed name of person signing)
PRESIDENT TO SOME OF THE PRESIDENT TO SOME OF
(Title of person signing)