## N17309

Office Use Only



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## COVER LETTER

**TO:** Amendment Section Division of Corporations

The Shelter for Ab	used Women & Child	Iren, Inc.	
N17309 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Shanin Cressy			
	(Name of Contact Pers	son)	
The Shelter for Abused Women & Children			
	(Firm// Company)		
PO Box 10102			
	(Address)	•	
Naples. FL 34101			
,	(City/ State and Zip Co	ode)	
scressy@naplesshelter.org			
E-mail address: (to be used	I for future annual repo	rt notification	1)
For further information concerning this matter, please	call:		
Shanin Cressy		239	775-3862
(Name of Contact Person		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	iyable to the Florida De	partment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		et Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

The Shelter for Abused Women & Children, Inc.

(Name of Corporation as	currently filed with the Flor	ida Dept. of State)
N17309		
(Document	Number of Corporation (if kr	nown)
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:	
N/A		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."
	N/A	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADD</u>		
		2021
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOY	N/A	;-: :-:
		, -
		<u></u>
D. If amending the registered agent and/or registere		enter the name of the
new registered agent and/or the new registered (	office address:	
Name of New Registered Agent:	Α	
	·Fl	orida street address)
New Registered Office Address:		
N//	4	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi		
I hereby accept the appointment as registered agent. I	I am familiar with and accept	the obligations of the position.
	Signature of New Regist	ered 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	$\nabla$ Mik	n <u>Doc</u> te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	Karen Smith	100 Glenview Place
Add	<del> </del>		Naples, FL 34108
X Remove			
2) Change	S	Lloyd Bettis	2400 Gulf Shore Blvd. #703
X Add			Naples, FL 34103
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<ol> <li>If amending or adding additional Arti (attach additional sheets, if necessary).</li> </ol>	(Be specific)				
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The date of each amen	idment(s) adoption:	, it other than th
date this document was	signed.	
	July 1, 2020	
Effective date <u>if applic</u>		
	(no more than 90 days after amendment file date)	
	ed in this block does not meet the applicable statutory filing requirements, this date will not te on the Department of State's records.	ot be listed as the
Adoption of Amendmo	ent(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the amendment(s) to for approval.	
There are no membadopted by the boa	bers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.	
	6/24/2020	
Dated		
Signature	Zallan	
_ (	(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)	
	Linda Oberhaus	
	(Typed or printed name of person signing)	
	Chief Executive Officer	
	(Title of person signing)	