

N18000001745

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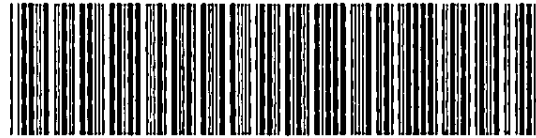
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FEB 14 2021

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DISTRICT 10 AFG, AIS AND LDC, NFA9, INC.

DOCUMENT NUMBER: N18000001745

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

Please return all correspondence concerning this matter to the following:

Susan B. Theobald

(Name of Contact Person)

DISTRICT 10 AFG, AIS AND LDC, NFA9, INC.

(Firm/ Company)

1700 Hooks Street, Apt 1107

(Address)

Clermont FL 34711

(City/ State and Zip Code)

Susantafg@gmail.com

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

For further information concerning this matter, please call:

Mary H. Walsh

352

586-3465

at

(Name of Contact Person)

(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

DISTRICT 10 AFG, AIS AND LDC, NFA9, INC.

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

N18000001745

(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:

DISTRICT 10 AFG, 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:

Susan Theobald

(Principal office address **MUST BE A STREET ADDRESS**)

1700 Hooks Street Apt 1107

Clermont FL, 34711

C. Enter new mailing address, if applicable:

P.O. BOX 2273

(Mailing address **MAY BE A POST OFFICE BOX**)

MINNEOLA, FL, 34755

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:

Susan Betty Theobald

1700 Hooks Street Apt 1107, Clermont FL 34711

(Florida street address)

New Registered Office Address:

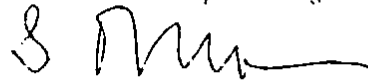
(City)

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

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.

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>L</u>	<u>TRACEY SANTINI</u>	<u>457 DREXEL RIDGE CIRCLE</u> <u>OCOE, FL, 34761</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>C</u>	<u>SAMUEL J. ENGARDIO</u>	<u>7301 WILD BLACKBERRY TRAIL</u> <u>WINTER GARDEN, FL, 34787</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>A</u>	<u>BERNADETTE MANGAN</u>	<u>5404 SAGO PALM CT</u> <u>ORLANDO, FL, 32819</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>C</u>	<u>NANCY CARMEN</u>	<u>2762 Chaddsford Cir #202</u> <u>OVIEDO, FL, 32765</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>SUSAN Betty THEOBALD</u>	<u>1700 Hooks Street Apt 1107</u> <u>CLERMONT, FL, 34711</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>C</u>	<u>MARY HELEN WALSH</u>	<u>4104 HAMMERSMITH DR</u> <u>CLERMONT, FL 34711</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

☐ 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 December 29, 2020

Signature Mary H. Walsh
(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)

Mary H. Walsh
(Typed or printed name of person signing)

District Representative, Director
(Title of person signing)