## N19 00000 1430

(Requestor's Name)
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2022 HAY 27 AM 8: 22
SECRETARY OF STATE

A. BUTLER AUG - 1 2022

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

2000 FEET NAME OF CORPORATION:	
N19000001430	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
ELINOR NELSON	
	(Name of Contact Person)
2000 FEET, INC.	
	(Firm/ Company)
1435 LASSEN ST	
	(Address)
HAINES CITY, FL 33844-8479	
	(City/ State and Zip Code)
SHOES4KIDS@2000FEET.ORG	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	case call:
ELINOR NELSON	636 236-4814
(Name of Contact Per	
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat	
Mailing Address	Street Address

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

2000 FEET

FILED

Name of Corporation as currently filed with the Flo	rida Dept. of State)	2022 MAY 0.7
N19000001430		2022 HAY 27 AM 8: 22
	Number of Corporation (if known)	SECRETARY OF STATE
Pursuant to the provisions of section 617.1006, Florida Samendment(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 cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the	abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u> E	RESS)	
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	
D. If amending the registered agent and/or registere		ne name of the
new registered agent and/or the new registered of	ffice address:	
Name of New Registered Agent:		
	(Florida stree	t address)
New Registered Office Address:	(7.00.122.00)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis		
I hereby accept the appointment as registered agent. To	am familiar with and accept the oblig	gations of the position.
	Signature of New Registered Age	nt if changing
	Signature of their negative rige	m y 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3 ) Change Add Remove	<del></del>		
4) Change Add			
Remove			
5) Change Add			
Remove			<del></del>
6) Change Add			
Remove			
(attach additional she	ets, if nece	onal Articles, enter change(s) here:  ssary). (Be specific)  E SPECIFIC PURPOSE FOR WHICH THIS COI	RPORATION IS ORGANIZED IS
The organization is form	ed for cha	ritable purposes for economically disadvantaged	children and youth who need new shoes
and teaching adolescents	s how to se	ew and other life affirming resources and support.	<u> </u>

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The date of each amendment(s) addate this document was signed.	doption:, if oth	ner than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.	d as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were as was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.	

D	05/23/2022 ated
D	
Si	gnature KlM MlD
	(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)
	ELINOR NELSON
	(Typed or printed name of person signing)

(Title of person signing)