N19000003685

	(Requestor's Name)
	(Address)
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	(Address)
	(Cit. (Chata 7: 10)
	(City/State/Zip/Phone #)
PICK-U	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		FOR HOUSING NATU	JRE COAST	Г. INC.
DOCUMENT NUMBER:	N19000003685			
The enclosed Articles of Am	nendment and fee are sub	omitted for filing,		
Please return all corresponde	ence concerning this mat	ter to the following:		
Tom Rogers				
	·	(Name of Contact Pers	on)	
FULLER CENTER FOR H	OUSING NATURE COA	AST, INC.		
······································		(Firm/ Company)	<u>-</u>	
9518 Black Bear Drive				
		(Address)		
Weeki Wachee, FL 34613				
	_	(City/ State and Zip Co	de)	
fullercenternaturecoast@gm	ail.com			
Е	-mail address: (to be use	d for future annual repor	t notificatio	n)
For further information cone	erning this matter, please	e caff:		
Tom Rogers		3 at	13	605-2288
	(Name of Contact Persor	n)	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made p	ayable 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 leate of Status led Copy tional Copy is osed)
Mailing A	ddress	Stree	t Address	

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

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

FILED

2022 HAR 18 AM 11: 37

FULLER CENTER FOR HOUSING NATURE COAST, INC.

SECRETARY OF STATE

(Name of Corporation as currently filed with the	e Florida Dept. of State)	TALLAHASSEE FL.
N19000003685		
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
D. If amending the registered agent and/or regi- new registered agent and/or the new register	ed office address:	da, enter the name of the
Name of New Registered Agent:	Tom Rogers	
	9518 Black Bear Drive	
New Registered Office Address:		(Florida street address)
	Weeki Wachee	, Florida 34613
	(City)	(Zip Code)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		ept the obligations of the position. Ploy Qi Ored 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, (finecessary)

Please note the officer/director title by the first letter of the office title;

F = 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 Doc 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 De V Mike Jo SV Sally Sn	nes	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	SF.CT	Andrea Trimmer	9359 Grizzly Bear Ln Weeki Wachee, FL 34613
Remove			
2) Change Add	<u>SECT</u>	TerrvFreeman	1713 HARBOR OAKS DRIVE TARPON SPRINGS, FL 34689
Remove	Director	Thomas Madonia	Hudson, FL 34667
4) Change Add	<u>Chair</u>	Chad Pardue	9518 Black Bear Drive Weeki Wachee, FL 34613
* Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		cles, enter change(s) here: (Be specific)	
	···		

the the date it applicable: to more than 90 days after amendme.	nt file date)
Effective date if applicable: 3-11/2022	
The date of each amendment(s) adoption:	, if other than the
	
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•	

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

Dated	3 11 2022
Signature	1 the fact
	(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)
	Chad Pardue
	(Typed or printed name of person signing)
	Chair/Registered Agent
	Chair registered Agent
	(Title of person signing)