N19000 006 908

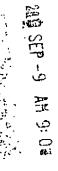
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

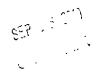
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATIO	NICA Foundation Inc N:				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	N19000006908				6
The enclosed Articles of Amo	endment and fee are subm	itted for filing.			
Please return all corresponde	nce concerning this matter	to the following:			The same of the sa
Kathleen Ross					• •
	(Name of Contact Perso	n)		
NICA					
		(Firm/ Company)		. = -	
1043 E Brandon Blvd					
		(Address)			-
Brandon, FL 33511					
	(City/ State and Zip Coc	le)		 .
nica@nicainc.org					
E-	mail address: (to be used	for future annual report	notification	1)	
For further information conce	erning this matter, please c	all:			
Kathleen Ross		at (8	13) 438-892	<u> </u>	
(Name of Contact Person)		rea Code)	(Daytime Telep	hone Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida Dep	artment of	State:	
\$35 Filing Fee	□\$43.75 Filing Fee & [Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	0 Filing Fee Teate of Status Ted Copy tional Copy is osed)	
Mailing Admendment Division of P.O. Box 6	it Section Corporations	Amend Division	Address dment Section of Corport Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NICA Foundation Inc.			
(Name of Corporation	as currently filed with the Florid	a Dept. of State)	Tage O
N19000006908			
(Docur	ment Number of Corporation (if kno	wn)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not For I</i>	Profit Corporation ad	िह्युः lopts the followin
A. If amending name, enter the new name of the	e corporation:		
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		or the abbreviation '	The ne
B. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>			·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)		
D. If amending the registered agent and/or reging new registered agent and/or the new register		nter the name of the	
Name of New Registered Agent: Rey O'Day			
	1043 E Brandon Blvd		
New Registered Office Address:	•	ida street address)	
	Brandon	, Florida	33511
	(City)	(Zip C	Code)
New Registered Agent's Signature, if changing land the changing land the la		ne obligations of the p	osition.
-	Signature of New Register	Day and James	

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	V Mike Jo			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	D	Michelle Card	233 96th Ave N	
Add			St. Petersburg, FL 33511	
x Remove				
2) Change	D	Rey O'Day	1043 E Brandon Blvd	
X Add			Brandon, FL 33511	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)			
				-
		 		
			-	
				
	<u> </u>			
	_			
				•
				·
			<u> </u>	
	<u>-</u>			
	·			

	he date of each amendment(s) adoption:	, if other than t
date	ate this document was signed.	
Effe	ffective date <u>if applicable</u> :	
	(no more than 90 do	ys after omendment file date)
	ote: If the date inserted in this block does not meet the application of State's records	able statutory filing requirements, this date will not be listed as the
Ade	doption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and was/were sufficient for approval.	the number of votes cast for the amendment(s)
	There are no members or members entitled to vote on the adopted by the board of directors.	anundment(s). The amendment(s) was/were
	Dated August 20,2019) 1
	Signature <u>KAHALOCU K</u>	Dist
	· · ·	e board, president or other officer-if directors tor – if in the hands of a receiver, trustee, or fiduciary)
	Kathleen Ross	·
	(Typed or p	rinted name of person signing)
	President	
		Title of person signing)