N19000010548

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SECRETARY OF STATE
TALLAHASSEE, FL

M

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	D FOREST INC	··· ·· ·		
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	atter to the following	3:		
Creasirene Egan				
	(Name of Contac	t Person)		
GULFPORT FOOD FOREST INC				
	(Firm/ Comp	pany)		
1301 49th St S				
,,,,	(Address)		
Gulfport, FL 33707				SECRETARY OF STATE
	(City/ State and 2	Zip Code)		ET C
gulfportfoodforest@gmail.com				ASS -
E-mail address: (to be us	ed for future annual	report notific	ation)	E S
For further information concerning this matter, pleas	se call:			FAT
Creasirene Egan		727 at	560-0608	t.i.
(Name of Contact Perso		(Area Cod	de) (Daytime Telephor	ne Number)
Enclosed is a check for the following amount made	payable to the Flori	da Departmen	t of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Co by is Co (A	52.50 Filing Fee ertificate of Status ertified Copy additional Copy is inclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Addre Amendment S Division of C The Centre	Section	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GULFPORT FOOD FOREST INC

Name of Corporation as currently filed with the Florid	a Dept. of State)	
N19000010548		
(Document Nur	nber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not Fa</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
		The new
name must be distinguishable and contain the word "corpo 'Company" or "Co." may not be used in the name.	ration" or "incorporated	I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRES	<u></u>	
		SECRETARY OF STALLAHASSEE SECRETARY OF SECRE
C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)		TAN CR
		N.S.O.
		m v
 If amending the registered agent and/or registered or new registered agent and/or the new registered office 		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(FI	orida street oddress)
<u></u>	·- ·- <u></u>	, Florida (Zip Code)
	(City)	Ci- Codel

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: X_Change X_Remove X_Add	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			TALET
Remove			
5) Change Add			ASSEE PL
Remove			, W
6) Change Add			
Remove			
E. If amending or addin (attach additional sheet		onal Articles, enter change(s) here: ssary). (Be specific)	
Article III			
The specific purpose for which	this corpora	ation is organized is:	
THE CORPORATION'S PURP	OSE IS TO	ADDRESS LOCAL FOOD	
INSECURITY BY CREATING	BIO-RICH	, EDIBLE CORRIDORS AVAILABLE	
TO THE PUBLIC. DIRECT AC	TION WIL	LL BE TAKEN TO EDUCATE AND	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

was/were sufficient for approval.

adopted by the board of dire	ectors.
Dated / 2	July 2024
(By the ch have not	airman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
Creas	irenc Egan
	(Typed or printed name of person signing)
Found	der / Director
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

