N19452

Office Use Only



08/10/20--01029--008 **35.08

Mend

SEP 25 NOW

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	omeless of Central Fl	orida, Inc	
N19452 DOCUMENT NUMBER:		<u>.</u>	
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Allison Krall			
	(Name of Contact I	Person)	
Coalition for the Homeless of Central Florida, Inc			
· · · · · · · · · · · · · · · · · · ·	(Firm/ Compar	ny)	
18 N. Terry Ave			
	(Address)		
Orlando, FL 32801			
	(City/ State and Zip	Code)	
allison.krall@cflhomeless.org			
E-mail address: (to be us	ed for future annual re	eport notificatio	n)
For further information concerning this matter, plea	se call:		
Allison Krall	а	4()7 it	426-1250
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida	Department of	State:
65-\$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	D A	treet Address Imendment Sect Division of Corpo The Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Coalition for the Homeless of Central Florida, Inc

(Name of Corporation as currently filed with the	e Florida D	Dept. of State)	· · · · · · · · · · · · · · · · · · ·
N19452			
(Docun	nent Numbe	er of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	es, this Florida Not For Profit Corporation a	dopts the following
A. <u>If amending name, enter the new name of the</u>	e corporati	ion:	The new
name must be distinguishable and contain the word "Company" or "Co," may not be used in the nam		tion" or "incorporated" or the abbreviation	
B. Enter new principal office address, if applica		NA	
(Principal office address <u>MUST BE A STREET A</u>	(DDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	NA	2020
			= = = = = = = = = = = = = = = = = = = =
D. If amending the registered agent and/or reginew registered agent and/or the new register			12: 51
Name of New Registered Agent:	Allison Kı	rall	
	18 N. Terr	ry Ave	
New Registered Office Address:		(Florida street address)	
	Orlando		32801
		(City) (Zip)	Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen			position.
_		0	
	Sig	gnature of New Registered Agent, if changing	<u></u>

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 John De V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>C</u>	Pittenger, T. Todd	GrayRobinson, P.A. 301 E. Pine Street
 x Remove 2) x Change Add 	<u>C</u>	Tebbe-Shemelya, Jane	Orlando, FL 32801 11413 Lake Butler Blvd
Remove 3) Change Add Remove	<u>VC</u>	Wahl, Richard C.	Windermere, FL 34786 Purple, Rock, Scissors 189 S. Orange Ave Suite 2020 Orlando, FL 32801
4) Change Add	<u>S</u>	Gault-Lewis, Kris	Dr. Phillips Center 445 S. Magnolia Ave
Remove 5) Change Add	<u>PCEO</u>	Hearn, John E.	Orlando, FL 32801 Coalition for the Homeless 18 N. Terry Ave
8 Remove 6) Change	PCEO	Krall, Allison M.	Orlando, FL 32801 Coalition for the Homeless 18 N. Terry Aye
E. If amending or addir (attach additional shee	ng additional Arti ets, if necessary).	cles, enter change(s) here: (Be specific)	Orlando, FL 32801
NA	·		
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-						
		NA				
The date of each amendment date this document was signed	t(s) adoption:					_, if other than the
date this document was signed						
Effective date if applicable:	NA					
	(n	o more than 90 day	s after amendme	nt file date)		
Note: If the date inserted in the document's effective date on t	his block does he Departmen	not meet the application of State's records.	able statutory fili	ing requirements	s, this date will not	be listed as the
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/w was/were sufficient for ap	vere adopted b pproval.	y the members and	the number of vo	otes east for the	amendment(s)	

Dated	7-22-2020
Dateti	
Signatur	
	(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)
	Jane Tebbe-Shemelya
	(Typed or printed name of person signing)
	Chairperson of the Board