

N 19679

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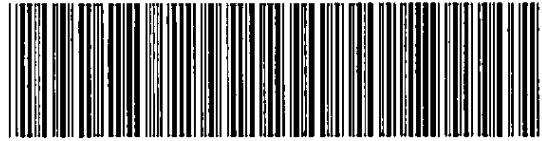
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2021 AUG 17 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FL

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17.50

A. Butler
8127121

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Habitat for Humanity of Hillsborough County Florida, Inc.

DOCUMENT NUMBER: N19679

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tina Swain
(Name of Contact Person)

Habitat for Humanity of Hillsborough County Florida, Inc.
(Firm/ Company)

509 East Jackson Street
(Address)

Tampa FL 33602
(City/ State and Zip Code)

tswain@habitahillsborough.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina Swain at 813 992-3844
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|--|---|--|---|

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

FILED

Habitat for Humanity of Hillsborough County Florida, Inc.

2021 AUG 17 AM 7:53

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE
TALLAHASSEE, FL

N19679

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

n/a _____ The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

n/a

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

n/a

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: n/a

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	n/a _____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Article 1 _____

Article 2 _____

Article 3 _____

Article 4 _____

Article 5 _____

Article 6

Article 7

Article 8

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: 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 cast for the amendment(s) was/were sufficient for approval.

HABITAT FOR HUMANITY OF HILLSBOROUGH COUNTY FL, INC.

ARTICLES OF INCORPORATION

ARTICLE I

Name. The name of the corporation is HABITAT FOR HUMANITY OF HILLSBOROUGH COUNTY FLORIDA, INC.

ARTICLE II

Nonprofit and Tax Exempt Status. The corporation is organized as a nonprofit corporation under the Florida Not For Profit Corporation Act and as a tax exempt organization under Section 501(c)(3) of the Internal Revenue Code as amended.

ARTICLE III

No Members. The corporation shall have no members.

ARTICLE IV

Purposes. The purposes for which the corporation is organized is as follows:

1. Seeking to put God's love into action, Habitat for Humanity of Hillsborough County Florida, Inc. brings people together to build homes, communities and hope.
2. To have and utilize those powers granted under Florida Statute Chapter 607.0302 as amended.
3. To accomplish these purposes the corporation shall have all power lawfully permitted to a not for profit corporation under the laws of the State of Florida as they now exist or as they may hereafter be amended. In no event shall the corporation have any power or corporate purposes which conflict with Section 501(c)(3) of the Internal Revenue Code as it now exists or may hereafter be amended, or any successor statute concerning the taxability of charitable organizations.

ARTICLE V

Geographic Service Area. The geographic service area of the affiliate's activities include Hillsborough County, Florida.

ARTICLE VI

Principal Office. The principal office of the corporation shall be located in Hillsborough County, Florida, at the address designated in the most recent annual report filed with the Florida Secretary of State. The corporation shall maintain at its principal office a copy of corporate records.

ARTICLE VII

Registered Office and Agent. The registered office of the corporation required by law to be maintained in the State of Florida may, but need not, be identical with principal office. The corporation shall maintain a registered agent whose office is identical with the registered office. The corporation may change its registered office or registered agent from time to time in the manner required by law.

ARTICLE VIII

Effective Date. The effective date of the corporation shall be March 16, 1987.