NZO 00000 3421

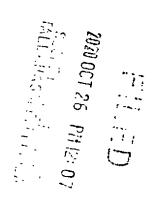
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TO: Amendment Section
Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: The Commun	ity Resource Project, Inc.	
N20000003421		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee a	are submitted for filing.	
Please return all correspondence concerning thi	is matter to the following:	
Morgan Gish		
· · · · · · · · · · · · · · · · · · ·	(Name of Contact Perso	n)
The Community Resource Project, Inc.		
	(Firm/ Company)	
1576 Bella Cruz Dr. Box 426.		
	(Address)	
The Villages, FL 32159		
	(City/ State and Zip Cod	e)
morgan.gish.crp@gmail.com		
E-mail address: (to l	be used for future annual report	notification)
For further information concerning this matter,	please call:	
Morgan Gish	35 at	2 897-0561
(Name of Contact		rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida Dep	artment of State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of S		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	· · · · · · · · · · · · · · · · · · ·	Address Iment 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

The Community Resource Project, Inc.		
Name of Corporation as currently filed with the Florida D	ept. of State)	
N20000003421		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corporat	<u>lon:</u>	
		_The new
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 589 N. CR 470	
	Lake Panasoffkee, FL 33538	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1576 Belia Cruz Dr.	
1	The Villages, FL 32159	_
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office:	lce address in Florida, enter the name of the address:	2020 (
Name of New Registered Agent:	·	- 1
	(Florida street address)	<u>a</u>
New Registered Office Address:	Florida	PH IZ:
	(City) (Zip Code):	0.7
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	d Agent: amiliar with and accept the obligations of the position	
	Signature of New Registered Agent, if changing	

and address of each Or (Attach additional sheet Please note the officer/of P. President: V= Vice	fficer and/or Dir ts, if necessary) director title by th President; T= Ti) = Chief Financia	ector being added: e first letter of the office title: reasurer; S= Secretary; D= Director; TR= al Officer. If an officer/director holds mot	Trustee; C = Chairman or Clerk; CEO = Chief re than one title, list the first letter of each office
Changes should be note a change, Mike Jones le Mike Jones, V as Remo	eaves the corpora	tion, Sally Smith is named the V and $S.\ Th$	the PST and Mike Jones is listed as the V. There is sese should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	V Mike	Doe Jones Smith	
Type of Action (Check One)	Title	Name	Address
l) Change x Add	Treasure	Scott Stevenson	16379 SE 83rd Court Summerfield, FL 34491
Remove 2) Change Add	Director	Elizabeth Briscoe	12209 SW 40th St. Webster, FL 33597
Remove 3) Change	Director	Patricia Thompson	1495 CR 434 Lake Panasoffkee, FL 33538
4) Change Add	Director	Stacey Weiner Cherry	589 N CR 470 Lake Panasoffkee, FL 33538
Remove 5) Change Add	Director	Andrea Deshawn	589 N CR 470 Lake Panasoffkee, FL 33538
Remove 6) Change Add			
E. If amending or as	iding additional	Articles, enter change(s) here:	
Article VIIII: The de	sign of the organi	zation's exempt purposes is charitable in r	nature. The organization provides an

resource and referral services, assistance applying for SSD, assistance applying for state benefits, peer-assisted

recovery coaching, and other services as needed.

who provide them. The organizati	on will distribute assets to other nonprofits upon dissolution of said corpo	ration.
No assets will be retained by either	or the corporation or any of its volunteers, staff or Directors.	
·		
		
_		
		··
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)	
	•	a will not be listed as the
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	E Will flot be listed as die
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendm proval.	ent(s)

09/09/20 Dated
Signature (By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee other court appointed fiduciary by that fiduciary)
Morgan Gish, MSW
(Typed or printed name of person signing)