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(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

us home Coalition INC
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omitted for filing.
ter to the following:
(Name of Contact Person)
(Name of Contact Cison)
(Firm/ Company)
(Address)
City/ State and Zip Code)
lition annual an
e call:
at 813 403 4514 (Area Code) (Daytime Telephone Number)
n) (Area Code) (Daytime Telephone Number)
payable to the Florida Department of State:
□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Street Address Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

COMINGHOME COALITION INC.

	_ ^
(Name of Corporation as currently filed with the Florida Dept. of State)	
1/1200000000000000000000000000000000000	•
(Document Number of Corporation (if known)	_
(Poeument Pulmoer of Corporation (It tallettin)	
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the follow amendment(s) to its Articles of Incorporation:	ing
A. If amending name, enter the new name of the corporation:	
The ne	
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: 37700 Tahtian Court	
(Principal office address MUST BE A STREET ADDRESS) Zephyrhills 33541	
Cepnarniis 333 II	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 5 Ame as above	
(Mailing address MAY BE A POST OFFICE BOX) SAME as above	_
	-
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: homes Herold	_
37700 Tahiting Court Zephyrhills	1354
New Registered Office Address:	
Florida	-
(City) , Florida, (Zip Code)	_
(infrared)	
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.	
4.X(4.K6)	
Signature of New Registered Agent, if changing	_

and address of each (Attach additional she Please note the office P = President; V = Vi	Officer and/or Dir sets, if necessary) r/director title by th ce Prcsident; T= Ti TO = Chief Financia	ector being added: ne first letter of the opereasurer; S= Secreto al Officer. If an offic	ffice title: iry; D= Director; TR= T	er/director being removed and title, name, Frustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office
Changes should be not a change, Mike Jones Mike Jones, V as Rem	leaves the corpora	tion, Sally Smith is n	John Doe is listed as the amed the V and S. These	e PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add		Doe Jones Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	1.	<u>Addres</u> s
1) Change Add Remove	E.EO	Thomas	Herold	31700 tahirtian Cur Zaphryhills + Fl
2) Change Add	CED	Micheal	Allen Moore	3700 Tahifian Court Rephyrhills, Fl. 33541
Remove 3) Remove Add Remove	<u>P</u> _	Nicole	te Mayers	Rasman Mosen+
4) Change Add	VP	Rasha	wna Moge	nt 1109 Sleepy Oak Dr wesley chapet, Fl
Remove 5) Change Add				
Remove 6) Change Add				
Remove E. If amending or ac (attach additional s	iding additional A	rticles, enter chang). (Be specific)	<u>e(s) here</u> :	

Said organization is organized exclusively for charitable, religious, educational, and scientific purposes including for such

purposes, the making of distributions to organizations that qualify as exempt organizations described under Section 501(c)(3)

Notwithstanding any other provision of these articles, this organization shall not carry on any activities not permitted to

of the Internal Revenue Code, or the corresponding section of any future federal tax code.

be carried on by an organization exempt from Federal income tax under section 501(c)(3) of the Int	ternal Revenue Code
or the corresponding provision of any future United States Internal Revenue law.	
Upon the dissolution of the organization, assests shall be distributed for one or more exempt purpos	ses within the meaning
of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal to	ax code, or shall be
distributed to the federal government, or to a state or local government, for a public purpose. Any st	uch assests not disposed
of shall be disposed of by a court of competent jurisdiction in the county in which the principal offic	re of the organization
is then located, exclusively for such purposes or to such organization or organizations, as said Court	shall determine, which
are organized and operated exclusively for such purposes.	
date of each amendment(s) adoption:this document was signed.	, if other than t
tive date if applicable: 08/04/2020 (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.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated <u>08/04/200</u>
Signature
(By the chairman of 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)
Tho. 145 C. Llevold
(Typed or printed name of person signing)
Tucaporator (Title of person signing)
(Title of person signing)