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J DENNIS
JUL 02 2021

COVER LETTER

TO: Amendment Section Division of Corporations ċ Homecomings Fund, Inc. NAME OF CORPORATION: _ N21000001193 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: John A. Baldwin (Name of Contact Person) Treasurer - Homecomings Fund, Inc. (Firm/ Company) 164 Star Shell Drive (Address) Apollo Beach, Florida 33572 (City/ State and Zip Code) drewbaldwin33@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John A. Baldwin 601-7922 (Name of Contact Person) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee

Certified Copy

enclosed)

(Additional copy is

Mailing Address

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

Certificate of Status

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status

(Additional Copy is

Certified Copy

Enclosed)

Articles of Amendment to Articles of Incorporation of

Homecomings Fund, Inc.				
(Name of Corporation as currently filed with the	e Florida I	Dept. of State)	14-1-4	
N21000001193				
(Docum	ment Numb	er of Corporation (if kn	own)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statuto	es, this <i>Florida Not For</i>	Profit Corporation adopts the	ne following
A. If amending name, enter the new name of the NOT APPLICABLE	ie corporat	ion:		The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		tion" or "incorporated	or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applica	able:	NOT APPLICABLE		
(Principal office address MUST BE A STREET))		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	NOT APPLICABLE		-
D. If amending the registered agent and/or reginew registered agent and/or the new registered agent: Name of New Registered Agent:	red office a		enter the name of the	
V - B - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		(Flo	rida street address)	
<u>New Registered Office Address</u> :		I ICADI E	Nom	
	NOT APP	LICABLE	, Florida	APPLICAE
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing life life is a life life life life life life life life	<mark>Registered</mark> u. Lam far	Agent: niliar with and accept to	he obligations of the position.	
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	Sų	gnature of New Register	red Agent, if changing	Day.
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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 Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add X Remove	<u>\$</u>	Debbie Farrow	343 Oleander Road Lake Wales, Florida 33898
2) Change Add	<u>S</u>	Charles Dyer	1544 Mira Lago Circle Ruskin, Florida 33570
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional sheet	g additional Artic ts, if necessary).	cles, enter change(s) here: (Be specific)	
-			

			
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ne date of each amendment to this document was signed.	(s) adoption: May 18, 2021		, if other than t
	May 18, 2021		
	(no more than 90 day	vs after amendment file date)	

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

(CHECK ONE)

Adoption of Amendment(s)

There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	May 18, 2021
Signature	(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)
	Dave Forrest
	(Typed or printed name of person signing)
	President
	(Title of person signing)