N21443

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COVER LETTER

TO: Amendment Section Division of Corporations

1

NAME OF CORPORATION	on: <u>Hyde</u>	Park Prasby	Herian Foundation, Inc.
DOCUMENT NUMBER:		N 21443	
The enclosed Articles of An	nendment and fee are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter	r to the following:	
		OShua B. (Name of Contact Person	Crum
	Nyde	Park Pres (Firm/Company)	byterian Church
	130	9 W. Swa	inn Ave
		City/ State and Zip Cod	33404
F:	-mail address: (to be used	nce Ohyde for future annual report	notification) res, com
For further information conc	erning this matter, please o	call:	
Kathlee	n Baumann	at	Ea Code) (Daytime Telephone Number)
Enclosed is a check for the f			ertment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & 【 Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing A			Address
Amendme	nt Section	Amend	ment Section

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	of	
(Name of Corporation as curi	Presbyterian Foundation, Inc.	<u>-</u> _
	1 71442	
(Document Nu	umber of Corporation (if known)	_
Pursuant to the provisions of section 617.1006, Florida Statamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following	ing
A. If amending name, enter the new name of the corpor	oration:	
	NIA	ene.
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation "Corp." or "Inc.	-
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	SSS) A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
		_ _
D. If amending the registered agent and/or registered o		
new registered agent and/or the new registered offic	ce address:	ı
Name of New Registered Agent:	NIA ASS	Gra
New Registered Office Address:	(Florida street address) (Florida street address) (Florida street address)	-
	(City) , Florida : co	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: n familiar with and accept the obligations of the position.	
	NJA	
	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: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doc se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>_</u>	Junn Walls	817 S. Willow
Add			Tampa, F)
Remove			33606
2) Change	P	Robert Kline	1206 S. Suffolk Ave
X Add			Tampa, FI
Remove			33629
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			10-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
6) Change			
Add			
Remove			

E. If amending or adding additional Arti	icles, enter change(s) here:
(attach additional sheets, if necessary).	
	NIA
	······································

The date of each amendment(s) addate this document was signed.	option: May 2	18, 2019	, if other than the
Effective date <u>if applicable</u> :		3, 2019	
	(no more than 90 days after amer	ndment file date)	
Note: If the date inserted in this block document's effective date on the Dep	k does not meet the applicable statutory artment of State's records.	ry filing requirements, this da	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number o	of votes cast for the amendme	ent(s)
There are no members or membadopted by the board of directo	ers entitled to vote on the amendment(s	s). The amendment(s) was/w	ere
Dated	June 23, 2019		
Signature	46		
have not bee	nan or vice chairman of the board, pres n selected, by an incorporator – if in the opointed fiduciary by that fiduciary)		
_	An thony Brane of Typed or printed name of	nan of person signing)	
	Trasurer (Title of perso		
	(i lue of perso	on signing)	