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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	THE INNOCENT, INC.
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:
Mandy McCoy	
	(Name of Contact Person)
KEEPERS OF THE INNOCENT, INC.	3
	(Firm/ Company)
13350 Third St	· · · · · · · · · · · · · · · · · · ·
	(Address)
Fort Myers, FL 33905	
	(City/ State and Zip Code)
2Step@koi-islandcoast.org	
E-mail address: (to b	be used for future annual report notification)
For further information concerning this matter,	please call:
Mandy McCoy	941- 564-5211 at
(Name of Contact	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing F Certificate of S	
Mailing Address	Street Address

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

KEEPERS OF THE INNOCENT, INC.		
(Name of Corporation as currently filed with the l	Florida D	ept. of State)
N22000012802		
(Docume	ent Numbe	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	da Statute	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporati	on:
N/A		The new
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.		ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	ıle:	13350 Third St
(Principal office address MUST BE A STREET AD		Fort Myers, FL 33905
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	B OX)	13350 Third St
		Fort Myers, FL 33905
D. If amending the registered agent and/or registered new registered agent and/or the new registered		
Name of New Registered Agent:	Mandy Mo	сСоу
	13350 Thi	rd St
- New Registered Office Address:		(Florida street address)
	Fort Myers	s , Florida
-		(City) (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered . . I am fan	Agent: niliar with and accept the obligations of the position.
	K	Judy McCoes
	S	gnature 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	PT John D V Mike J SV Sally S	ones		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change Add	<u>s</u>	Mandy-Ellen Goldenberg	17471 Sterling Lake Drive Fort Myers, FL 33967	
x Remove				
2) Change X Add	ST	Mandy McCoy	Fort Myers, FL 33905	
Remove 3) × Change Add Remove	<u>v</u>	Sarah Opioł	338 Delaware Rd Lehigh Acres, FL 33936	
4) Change Add				
Remove 5) Change Add Remove				
6) Change Add				
F. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
			 	

	 		
			
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The date of each amendment(s) adoption:	November 19th 2023		, if other than the
date this document was signed.			, ii other than the
Effective date if applicable:	9th 2023		
thecuve date it applicable.	io more than 90 days after a	mendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statut of State's records.	utory filing requirements, this c	late will not be listed as the

(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.

Adoption of Amendment(s)

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	November 20th, 2023		
Signature (By the chairman or vice chairman of the board, predident 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)			
	Mandy McCoy		
	(Typed or printed name of person signing)		
	Secretary/Treasurer		

(Title of person signing)