(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100304433931

10/16/1?--01006--021 **35.00

off 17 off



COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	Clearpac, Inc			
N29	772			
DOCUMENT NUMBER:				
The enclosed Articles of Amena	ment and fee are submi	itted for filing.		
Please return all correspondence	concerning this matter	to the following:		
Mitzi Thompson				
	(Name of Contact P	erson)	
Clearpac, Inc				
		(Firm/ Compan	y)	
600 Cleveland Street Suite 200				
		(Address)		
Clearwater, FL 33755				
	(6	City/ State and Zip	Code)	
mthompson@clearwaterflorida.	org			
E-ma	il address: (to be used f	or future annual re	port notification	n)
For further information concerni	ng this matter, please ca	all:		
Mitzi Thompson		at	727	461-0011
(Na	me of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the follo	wing amount made pays	able to the Florida	Department of	State:
	S43.75 Filing Fee & C Certificate of Status	IS43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certi is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)

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

Street Address

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

Articles of Amendment to Articles of Incorporation of

Clearpae, Inc					
(Name of Corporation	as curren	tly filed with the Flor	ida Dept. of State)		
N29772					
(Docur	nent Numb	er of Corporation (if k	nown)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Not Fo</i>	r Profit Corporation	adopts the	following
A. If amending name, enter the new name of the N/A	e corporati	ion:			
			***		_The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		tion or "incorporated	t" or the abbreviation	i "Corp."	or "Inc."
B. Enter new mineral of Garant description		N/A			
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>					
			<u> </u>		
C. Enter new mailing address, if applicable:		21/1			
(Mailing address MAY BE A POST OFFICE	BOX)	N/A			
 If amending the registered agent and/or registered agent and/or the new registered. 			enter the name of th	<u>1e</u>	
	N/A	duress.			
Name of New Registered Agent:					
			 		
New Registered Office Address:	ı	(rt	orida street address)		
			, Floric	ła	
		(City)		Code)	
New Registered Agent's Signature, if changing I	Registered	Agent:			
I hereby accept the appointment as registered agen			the obligations of the	position.	
-					
	Si	ignature of New Regist	ered Agent, if changi	ng_r 	100 T T T T T T T T T T T T T T T T T T
				25 min 1	
	I	Page 1 of 4		25 SE	- L
				$\hat{\omega}^{\omega}_{\hat{\omega}}$	ם ס

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>	<u>Doc</u> c Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	C	Mitchell, Judy	1475 S. Belcher Rd
Add X Remove			Clearwater, FL 33758
2) X Change	С	Ferrara, V. Raymond	611 East Druid Rd #105
Add			Clearwater, FL 33756
3) Change	<u>T</u>	Renfrow, Jeanette	1617 Gulf to Bay Blvd
A Add			Clearwater, FL 33755
4) Change Add			
Remove 5) Change			
Add			
6) Change Add			
Remove			

If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)
'A	
	
	
 _	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	ient(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/wadopted by the board of directors.	vere
Dated October 11, 2017	
Signature allo Har President/CED	
(By the chairman or vice chairman of the board, president or other officer-if direction have not been selected, by an incorporator — if in the hands of a receiver, trustee other court appointed fiduciary by that fiduciary)	
Carol A. Hague	
(Typed or printed name of person signing)	
President/CEO	
(Title of person signing)	