

N 34087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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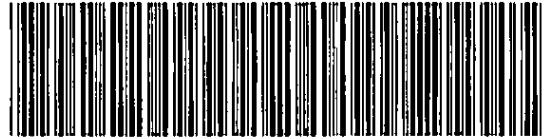
(Business Entity Name)

(Document Number)

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2022 DEC -5 AM 7:55
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3/3/2023



Housing for Homeless, Inc.

"Providing a Doorway to a Brighter Future for Over 30 years"

4087 S. US 1 Suite #3, Rockledge, FL 32955

Phone: (321) 639-0166 Fax: (321) 639-0989

www.housingforhomeless.org

12/1/2022

Amendment Section
Division of Corporations
The Centre of Tallahassee
2425 N. Monroe St. Suite 810
Tallahassee, FL 32303

To whom it may concern.

I have enclosed an Amended Annual Report in order to change our list of Board of Directors and the Registered Agent.

Yours truly,

Rob Cramp
Executive Director

No Annual Report
was attached
to the document

of 3/2/2023

Articles of Amendment
to
Articles of Incorporation
of

Housing for Homeless Inc.

2022 DEC -5 AM 7:56

(Name of Corporation as currently filed with the Florida Dept. of State)

N34087

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new 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:

N/A

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

N/A

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

Rob Cramp

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida

(Zip Code)

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.

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>Director</u>	<u>Jesse Piccolo</u>	<u>1660 Wilmington Drive</u> <u>Melbourne, FL 32940</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>Presiden</u>	<u>Tiffany Overath</u>	<u>238 Twin Lakes Rd</u> <u>Melbourne, FL 32901</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Presiden</u>	<u>Anna Maria Curry</u>	<u>601 Whimsical Circle</u> <u>Rockledge FL 32955</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Director</u>	<u>Catherine Ourand</u>	<u>508 N River Oaks Drive</u> <u>Indialantic, FL 32903</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Director</u>	<u>Thomas Highsmith</u>	<u>819 Saint Michel Drive</u> <u>Rockledge, FL 32955</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Treasure</u>	<u>Chuck Radloff</u>	<u>1217 Three Meadows Drive</u> <u>Rockledge, FL 32955</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Change Eleanor Garriga, Secretary to Eleanor Garriga, Secretary, Director

The date of each amendment(s) adoption: N/A, if other than the date this document was signed.

Effective date if applicable: N/A
(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.

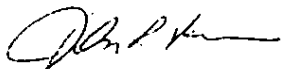
Adoption of Amendment(s) (CHECK ONE)

- ☒ 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 11/30/2022

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)

John Venice

(Typed or printed name of person signing)

Vice President

(Title of person signing)