N34773

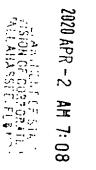
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:		NORTH CENTRAL	FEORIDA, INC.
N34773 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for fili	ng.	
Please return all correspondence concerning th	is matter to the follo	wing:	
Emily Ketring			
	(Name of Co	ontact Person)	
BOYS' AND GIRLS' CLUB OF NORTH CE	NTRAL FLORIDA.	INC.	
	(Firm/ C	Company)	
202 E JULIA DR.			
	(Ad	iress)	
PERRY, FL 32347			
	(City/ State a	and Zip Code)	
Emily@bgcperry.com			
E-mail address: (to	be used for future ar	nual report notificat	ion)
For further information concerning this matter	, please call:		
Emily Ketring		850 at	838-2471
(Name of Contact	Person)	(Area Code) (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 Certificate of	Fee & S43.75 Fil Status Certified (Addition enclosed)	Copy Cer al copy is Cer (Ad	.50 Filing Fee tificate of Status tified Copy ditional Copy is closed)
Mailing Address Amendment Section		Street Address Amendment Se	
Division of Corporations			

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

BOYS' AND GIRLS' CLUB OF NORTH CENTRAL FLORIDA, INC.

(Name of Corporation as currently filed with the Florida)	Dept. of State)
N34773	
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	The new
name must be distinguishable and contain the word "corpora" "Company" or "Ço," may not be used in the name.	ution" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	A M
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A NPR-2 AH
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office:	
Name of New Registered Agent:) A
New Registered Office Address.	(Florida street address)
	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
S	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 A Add	<u>V</u>	<u>John Doe</u> <u>Mike Jones</u> <u>Sally Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) <u>*</u> Change Add	<u>T</u>	Penny Staffney	7054 213TH ROAD LIVE OAK, FL 32060
Remove			
2) Change Add	<u>S</u>	Angela Wilson	1560 BUCKEYE NURSERY RD PERRY, FL 32347
Remove	TR	James Cruse	211 S WASHINGTON ST PERRY, FL 32347
4) Change Add	TR	Chris Clark	PERRY, FL 32348
Remove			
5) Change Add	TR	Scott Mixon	ONE BUCKEYE DRIVE PERRY, FL 32348
Remove			
6) Change Add	TR	Glenda Hamby	603 WEST GREEN ST PERRY, FL 32348
Remove			
(attach additional she	ets, if nece.	nal Articles, enter change(s) here: ssary). (Be specific)	
Add Officer/Director T	itle: TR; N	ame: Hope Demps: Address: 550 N MYRTLE ST	PERRY, FL 32347
			- · -

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The date of each amendment(s) adoption: date this document was signed.	08/21/2019	if other than the
date this document was signed.		
•		
Effective date if applicable:	19(5,	
(ne	N[A] o more than 90 days after amendment file date)	
	not meet the applicable statutory filing requirements, this date will no	t be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the 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.
= 12 - 1a
Dated $03/30/2020$
Signature MIN M
(By the chairman or vice phairman 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)
Emily Ketring
(Typed or printed name of person signing)
<u>Executive Director</u>
(Title of person signing)