## N40696

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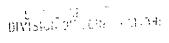
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: HABITAT FOR H	IUMANITY OF SEMINO	LE COUNT	Y AND GREATER APOPKA, FLO
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Kerri Rossi, Business Manager			
	(Name of Contact Perso	n)	
HABITAT FOR HUMANITY OF SEMINOLE CO	OUNTY AND GREATER	APOPKA, F	LORIDA, INC.
	(Firm/ Company)		
PO Box 181010			
	(Address)		
Casselberry, FL 32718			
	(City/ State and Zip Cod	ie)	
home@habitat-sa.org			
E-mail address: (to be use	ed for future annual report	notification	
For further information concerning this matter, pleas	se call:		
Kerri Rossi	40 at	7	696-5855, x2100
(Name of Contact Perso	on) (A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of S	tate:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	& □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section		Address Iment Section	on

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



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HABITAT FOR HUMANITY OF SEMINOLE COUNT	TY AND GREATER APO	PKA, FLORIDA, INC.
(Name of Corporation as cu	rrently filed with the Flor	rida Dept. of State)
(Document N	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
n/a		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporated	
B. Enter new principal office address, if applicable:	251 Maitland Ave., S	Suite 312
(Principal office address MUST BE A STREET ADDRE	Altamonte Springs, I	FL 32701
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a -	
D. If amounting the projection of a control of the projection of		274-14h-2-27-2-54h-2
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		enter the name of the
Name of New Registered Agent: n/a		
	(F)	orida street address)
<u>New Registered Office Address:</u> n/a		
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regist I herehy accept the appointment as registered agent. I a		the obligations of the position.
	Signature of New Regist	tered 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 <u>Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VC	Robin Hug	
Add			
Remove			
2) Change	<u>T</u>	David Borgerding	
Add			
x Remove			
3 ) Change	<u>T</u>	William David Johnson	1101 E 1st St
x Add			Sanford, FL 32771
Remove			
4) Change	TR	Heather Ramos	301 E Pine St.
x Add			Suite 1400
Remove			Orlando, FL 32801
5) X Change	ED	Penny Seater	251 Maitland Ave.
Add			Suite 312
Remove			Altamonte Springs, FL 32701
6) Change	<u>S</u> _	Alton Williams	601 Plum Lane
Add			601 Plum Lane Altamonte Springs, FL 3270
Remove			3270

E. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)	
n/a		
11 MARINE		
10.		

The date of each amendment(s) ado	ption:		, if other than the
late this document was signed.		อเช้ารณต์ เกา้าเสรายสา	11111
Effective date if applicable:	(no more than 90 days afte	45 NOV 00 DH 9	3: 38
Note: If the date inserted in this block document's effective date on the Department.		tatutory filing requirements, this date will no	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado was/were sufficient for approval.		umber of votes cast for the amendment(s)	
There are no members or membe adopted by the board of directors		ment(s). The amendment(s) was/were	
Dated 117	2015	_	
Signature #	ully Solt	t	
have not been		d, president or other officer-if directors if in the hands of a receiver, trustee, or ary)	
Penny Sea	ter Penny Sea	name of person signing)	
_	(Typed or printed	name of person signing)	
Executive	Director		
	(Title o	of person signing)	