N44979

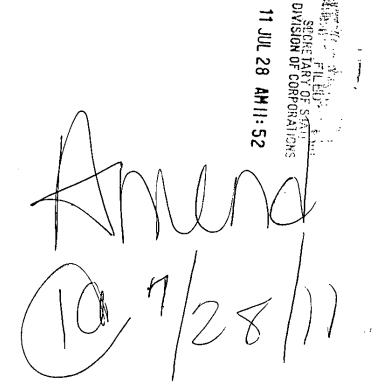
(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	PRPORATION: _	The Immok	alee Fo	oundatio	on , Inc.	
DOCUMENT 1	NUMBER: N4	4979		<u></u>		
The enclosed A	rticles of Amendn	nent and fee are s	ubmitted fo	r filing.		
Please return all	correspondence of	concerning this m	atter to the	following:		
	Ма	e Elizabet	h Allbi	ritten		
•	-	(Name	of Contact 1	Person)		
	Th	e Immokale	e Found	dation		
•		(Fii	rm/ Compar	ny)		
	3:	960 Radio 1	Road, S	uite 20	7	
•			(Address)			
	Nā	aples, FL 3	34104			
•		(City/S	tate and Zig	Code)		
-	liz.allb E-mail	ritten@imm address:(to be u	okaleef	oundati re annual rep	on.org	n)
For further infor	mation concernin	g this matter, plea	ase call:			
Susan	Wulber		at (239)	430-912	2 Telephone Number)
1)	Name of Contact F	erson)		(Area Cod	e & Daytime	Telephone Number)
Enclosed is a ch	eck for the follow	ing amount made	payable to	the Florida I	Department of	State:
⊠\$35 Filing Fe	Certificat	Filing Fee & e of Status	Certii (Addi	3.75 Filing F fied Copy itional copy i osed)	is	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Clifton Bui 2661 Exect	nt Section f Corporations	rcle	

REC'D JUL 11 REC'D



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 6, 2011

LIZ ALLBRITTEN THE IMMOKALEE FOUNDATION, INC. 3960 RADIO RD - STE. 207 NAPLES, FL 34104

SUBJECT: THE IMMOKALEE FOUNDATION, INC.

Ref. Number: N44979

We have received your document for THE IMMOKALEE FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

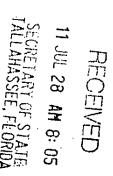
FILE AN AMENDMENT TO AMEND THE OFFICER/DIRECTOR INFORMATION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 411A00016068



Articles of Amendment ·to Articles of Incorporation

The Immokalee Foundaiton, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) N44979

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of		lot For Profit Corporation ad
A. If amending name, enter the new name	of the corporation:	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"		
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		
C. Enter new n. sing address, if applicable (Mailing address MAY BE A POST OFF		
D. If amending the registered agent and/or new registered agent and/or the new re		orida, enter the name of the
Name of New Registered Agent:	Mae Elizabeth All	britten_
New Registered Office Address:	(Florida street addre	ss)
	(City)	, Florida
New Registered Agent's Signature, if chang I hereby accept the appointment as register position.		and accept the obligations of

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
ED	Ed Laudise	173 Sharwood Drive Naples, FL 34110	☐ Add ☑ Remove
ED	Mae Elizabeth Allbritten	3960 Radio Road Suite 207 Naples, FL: 34104	Add ☐ Remove
~~~ ,	· · · · · · · · · · · · · · · · · · ·	<u> </u>	☐ Add ☐ Remove
	ending or adding additional Articles, enter of hadditional sheets, if necessary). (Be specificational sheets)		Mana :
· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·		
	······································		- <u></u> -
		•	
		<i>,</i>	

The date of each amendment(s) adoption:	May 26, 2011
•	(date of adoption is required)
Effective date if applicable:	
(no n	nore than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)
There are no members or members entitle adopted by the board of directors.	ed to vote on the amendment(s). The amendment(s) was/were
Dated July 20, 20	M Cottenaic
(By the chairman have not been sele	or vice chairman of the board, president or other officer-if directors ected, by an incorporator – if in the hands of a receiver, trustee, or sted fiduciary by that fiduciary)
	HN M BSTIGHN
(*	Typed or printed name of person signing)
CA.	HIRMAN OF BOARD
	(Title of person signing)

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