N46757

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COVER LETTER

TO: Amendment Section **Division of Corporations** Bereaved Survivors of Hommicide, Inc. 49 NAME OF CORPORATION: _ N46757 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robert Fulford (Name of Contact Person) (Firm/ Company) 4918 Haiti Circle (Address) Orlando FL, 32808 (City/ State and Zip Code) fulfie@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 725-2486 Robert Fulford (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation

of 2 0 % to 12

Bereaved Survivors of Homicide, Inc.	
(Name of Corporation as currently filed with the Florida L	Dept. of State)
N46757	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:
NA	The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	1655 Peel Ave.
(Principal office address MUST BE A STREET ADDRESS	Orlando F1, 32806
C. Futon non-resiling address if applicables	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4918 Haiti Circle
	Orlando FL, 32808
D. If amending the registered agent and/or registered offi	as address in Clarida, antar the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent: Robert Fu	alford
4918 Hait	ti Circle
	(Florida street address)
New Registered Office Address:	2000
Orlando	, Florida <u>32808</u>
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fa	miliar with and accept the obligations of the position. Pole Tulfaul
<u></u>	ignature 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 X Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u></u>	Jacquelvn Cockriel	20105 Sheldon Street Orlando Fl 32833
X Remove			
2) Change Add	<u>P</u>	Robert Fulford	4918 Haiti Circle Orlando Fl, 32808
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or adding (attach additional sheet)		icles, enter change(s) here: (Be specific)	

	,
	-4758"A
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective data if applicables	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file	e date)
this more than 22 days after amenament file	

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.

here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.				
Dated				
(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)				
Robert Fulford				
(Typed or printed name of person signing)				
President				

(Title of person signing)