N47159

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ds of the Enchanted Forest,	Inc.		
N47159 DOCUMENT NUMBER:				
The enclosed Articles of Amendment	and fee are submitted for file	ing.		
Please return all correspondence conce	erning this matter to the follo	owing:		
Dani Bowers				
	(Name of C	ontact Person)		
Friends of the Enchanted Forest, Inc				
	(Firm/ C	Company)		
444 Columbia Boulevard				
	(Ad	dress)		
Titusville, FL 32780				
	(City/ State	and Zip Code)		
danibowersfef@gmail.com				
E-mail addi	ress: (to be used for future ar	nnual report notific	ation)	
For further information concerning this	s matter, please call;			
Dani Bowers		321 at	626-7071	
(Name of	Contact Person)	(Area Co	de) (Daytime Telep	hone Number)
Enclosed is a check for the following a	mount made payable to the	Florida Departmen	t of State:	
	5 Filing Fee & S43.75 Filicate of Status Certified (Additional enclosed)	Copy C al copy is C	52.50 Filing Fee certificate of Status certified Copy Additional Copy is Enclosed)	
Mailing Address		Street Addr	ess	

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

Friends of the Enchanted Forest, Inc.				
(Name of Corporation	as current	ly filed with the	Florida Dept. of St	ate)
N47159				
(Docur	nent Numbe	r of Corporation (if known)	·
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes	, this <i>Florida No</i>	t For Profit Corpor	ation adopts the following
A. If amending name, enter the new name of the	e corporatio	on:		
				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		on" or "incorpor	ated" or the abbrev	iation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			70/8/
				2
). If amending the registered agent and/or registered			ida, enter the name	e of the
new registered agent and/or the new register				;;;,
Name of New Registered Agent:	Dani Bowe	ers		
	1740 Bryn	Mawr Drive		
			(Florida street address	
New Registered Office Address:				
	Titusville			32796 Florida
		(City)		(Zip Code)
New Registered Agent's Signature, if changing I	Registered A	Agent:		
I hereby accept the appointment as registered agen			zept the obligations	of the position.
		> 7		
_		· lew to	Troo	>
_	-Sic	nature of New Re	vistered Agent if c	hanging

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> PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Đ	Patricia S. Harmon	4285 Stuart Ave
Add			Titusville, FL 32780
Remove			
2) Change			
Add			
Remove			
3) Change			-
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
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	<u>. </u>
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Γhe	e date of each amendment(s) adopti	on:	, if other than the
late	this document was signed.		
Eff	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	te: If the date inserted in this block dument's effective date on the Departs	loes not meet the applicable statutory filing requirements, this date will noment of State's records.	ot be listed as the
4d	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
	There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated March 24 2019		
	Signature(By the chairman	or vice chairman of the board, president or other officer-if directors	
		elected, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	
	Dani Bowers		
		(Typed or printed name of person signing)	
	Director		
	1	(Title of person signing)	