N47678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUL 15 2019
S. YOUNG

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2019

CHARLENE EDWARDS OR TERRY LINDERMAN
650 E DAVIDSON STREET
BARTOW, FL 33830

SUBJECT: HEALTHY START COALITION OF HARDEE, HIGHLANDS AND POLK COUNTIES, INC.
Ref. Number: N47678

We have received your document for HEALTHY START COALITION OF HARDEE, HIGHLANDS AND POLK COUNTIES, 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):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached 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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 119A00013326

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Healthy Start Coalition of Hardee, Highlands & Polk Counties.

DOCUMENT NUMBER: N47678

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charla Edwards
(Name of Contact Person)

Healthy Start Coalition of Hardee, Highlands & Polk Counties, Inc
(Firm/Company)

650 E. Davidson Street
(Address)

Bartow, FL 33830
(City/State and Zip Code)

info@healthystart-hhp.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlene Edwards / Terry Linderman at 863 534-9224
(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
already paid

☐ $43.75 Filing Fee & Certificate of Status

☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

☐ $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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Healthy Start Coalition of Hardee, Highlands & Polk Counties, Inc.

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

N47678

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. **If amending name, enter the new name of the corporation:**

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

New Registered Office Address

(City), Florida *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of this position.

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change X Add ___ Remove	P	Carolyn Espina	650 E. Davidson Street Bartow, FL 33830
2) ___ Change X Add ___ Remove	V	Katherine Dobson	650 E. Davidson Street Bartow, FL 33830
3) X Change Add Remove	PP Past President	Angela Forte	650 E Davidson Street Bartow, FL 33830
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

Note: Registered Agent, Treasurer, and Secretary remain the same

E. If amending or adding additional Articles, enter change(s) here
(attach additional sheets if necessary) (Be specific)

N/A

The date of each amendment(s) adoption: , if other than the date this document was signed.

Effective date if applicable:

(no more than 90 days after amendment file date)

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.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 7/15/19

Signature Charlene Edwards

(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.)

Charlene Edwards

(Typed or printed name of person signing)

Executive Director

(Title of person signing)