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T. LENNEUX T. LENNEUX



TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: FIRST	STEP FOOD BANK, INC.
DOCUMENT NUMBER: N 49410	<u> </u>
The enclosed Articles of Amendment and fee are submitt	ed for filing.
Please return all correspondence concerning this matter to	the following:
PETER Deltoro	
(N	ame of Contact Person)
First Step Food	BANK INC
	(Firm/ Company)
4045 NE 36 1	Ave - P.o. Box 4774 (Address)
	•
OCA/a, 72 344	78-4774
, (Ci	tty/ State and Zip Code)
foca a e embargo E-mail address: (to be used for	n Alt Com r future annual report notification)
For further information concerning this matter, please cal	
Data : # 1	257 722 - 550
Peter Del Toro (Name of Contact Person)	at 352 - 732 - 5500 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payar	ole to the Florida Department of State:
(\$43.75 Filing Fee & \$\sum \\$\$52.50 Filing Fee Certified Copy Certificate of Status Certified Copy (Additional Copy is Enclosed) \$\sum \\$\$(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 .	•		
/ First Ste	p frod	Bank	Inc.		
/ (Name of Corporation a	s currently fi	led with the Flor	ida Dept. of S	tate)	
nyay	110				
(Docume)	ent Number of	Corporation (if k	nown)		
•		•	•		C 11 ·
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	da Statutes, thi	s Florida Not Fo	r Profit Corpo	ration adopts the	tollowing
A. If amending name, enter the new name of the c	corporation:		-		
					_The new
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.		or "incorporated	l" or the abbre	viation "Corp." (or "Inc."
B. Enter new principal office address, if applicable	le.		:		
(Principal office address MUST BE A STREET AD)				· · · · · · · · · · · · · · · · · · ·	
		·		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u>ox</u>)				
_			<u></u>		
·				<u></u>	
D. If amending the registered agent and/or registe			enter the nam	e of the	
new registered agent and/or the new registered	d office addre	<u>ss:</u>			
Name of New Registered Agent:					
_		(F7	orida street addre	5.5)	
New Registered Office Address:					
_				Florida	
	(C	lity)		(Zip Code)	
New Registered Agent's Signature, if changing Reg	egistered Ager	nt:			
I hereby accept the appointment as registered agent.			the obligations		entre regi
•			•		European European p. g.
·			····	S 55	<u>t</u>
	Signat	ure of New Regist	ered Agent, if	changing -	1 4 A
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Page 1 of 4

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 I V Mike I SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) _X Change Add Remove	<u>P</u>	STEWART RODINSON	23685 NE Huy 314 SALT Spaings 71 32134
2) X Change Add Remove		MARYA LATSON	10411 SE 25 AVE OCALA 7L 34480
3) Change Add Remove	<u>T_</u>	BOB COFER	4919 NW 32 PL Orala 7L 34482
4) Change Add Remove	5 .	MARILYN MENERLY-WILL	ms 15300 NW 32ct ReddIck 71 32686
5) Change Add Remoye	<u>D</u>	SAM M. Baggett	2175 LAURE/RUNDA. Ocala 71 34471
6) Change Add Remove			

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The date of each amendment(s) add	option: 10/13/16	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	10/13/16	
	(no more than 90 days after amendment file o	date)
Note: If the date inserted in this bloc document's effective date on the Dep	ek does not meet the applicable statutory filing requartment of State's records.	tirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast	for the amendment(s)
There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The amer	ndment(s) was/were
Dated	10/11/16/	
Signature	1 Sth	
	nan or vice chairman of the board, president or oth	
	n-selected, by an incorporator — if in the hands of a ppointed fiduciary by that fiduciary)	receiver, trustee, or
oner court	ppointed inductary by that inductary)	
	YETER DELTO	ro`
	(Typed or printed name of person sig	gning)
	Executive Dire	Ector
	(Title of person signing)	· ·