

N93000000285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

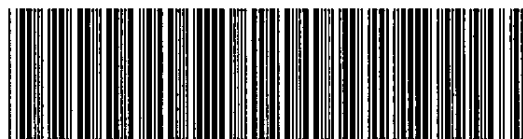
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/29/16--01011--009 **35.00

FILED
16 AUG 16 AM 9:43
SECRETARY OF STATE
FALL ARIZONA

Amend.

AUG 18 2016

D CUSHING



HOLLIMON, P.A.
FOCUSED ON INTELLECTUAL PROPERTY

HOLLIMON P.A.
118 NORTH GADSDEN STREET
TALLAHASSEE, FLORIDA 32301

PH: 850.320.8515
bill@hollimonpa.com
www.hollimonpa.com

August 16, 2016

VIA HAND DELIVERY

Ms. Diane Cushing
Senior Section Administrator
Florida Department of State
Division of Corporations

RE: Feeding Florida, Inc. - N93000000285

Dear Ms. Cushing:

In response to your Letter Number 916A00015907, please find attached completed pages 1 and 4, and a copy of your letter. Should you have any additional questions, please direct them to my attention.

Sincerely,

William H. Hollimon

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16 AUG 16 AM 9:43
SECRETARY OF STATE
TALLAHASSEE

RECEIVED
DEPARTMENT OF STATE
16 AUG 16 PM 4:03
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Association of Food Banks, Inc.

DOCUMENT NUMBER: N93000000285

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

Please return all correspondence concerning this matter to the following:

Lori Sampson

(Name of Contact Person)

Myers, Brettholtz & Company, PA

(Firm/ Company)

12671 Whitehall Drive

(Address)

Fort Myers, FL 33907

(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Stefanacci

239

690-4240

at

(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

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16 AUG 16 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2016

FLORIDA ASSOCIATION OF FOOD BANKS
C/O MYERS BRETT HOLTZ & CO., P.A.
12671 WHITEHALL DR
FT MEYERS, FL 33907

SUBJECT: FEEDING FLORIDA, INC.
Ref. Number: N93000000285

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

Please return your check with a note stating what the money is intended for.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 116A00014713

16 JUL 25 AM 11:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2016

LORI SAMPSON
MYERS BRETT HOLTZ & COMPANY, PA
12671 WHITEHALL DRIVE
FORT MYERS, FL 33907

SUBJECT: FEEDING FLORIDA, INC.
Ref. Number: N93000000285

We have received your document for FEEDING FLORIDA, 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):

You must complete the attached application in its entirety. Page 1 and page 4 must be completed.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 916A00015907

Articles of Amendment
to
Articles of Incorporation
of

Feeding Florida, Inc.

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

N93000000285

(Document Number of Corporation (if known))

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TALLAHASSEE
SECRETARY OF
STATE

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)

1489 Market Street

Tallahassee, FL 32312

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1489 Market Street

Tallahassee, FL 32312

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:

(Florida street address)

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 the 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>T</u>	<u>Kim Long</u>	<u>625 McCue Road, Ste 2</u>
<input type="checkbox"/> Add			<u>Lakeland, FL 33815</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>T</u>	<u>Thomas Mantz</u>	<u>4702 Transport Dr, Bldg 6</u>
<input type="checkbox"/> Add			<u>Tampa, FL 33605</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>Brenda Reddout</u>	<u>625 McCue Road, Ste 2</u>
<input checked="" type="checkbox"/> Add			<u>Lakeland, FL 33815</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: 8/15/16, if other than the date this document was signed.

Effective date if applicable: 8/15/16
(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 8/15/16

Signature Marcia Conwell
(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)

Marcia Conwell
(Typed or printed name of person signing)

President
(Title of person signing)

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16 AUG 16 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA