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COVER LETTER

TO: Amendment Section
Division of Corporations

, '	RATION HOUSING, INC.
NAME OF CORPORATION: SPBC FEDE	RATION HOUSING, INC.
DOCUMENT NUMBER: N96000000	239
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
JOHN SHARKEY, MANAGEMENT A	GENT
	(Name of Contact Person)
WEINBERG HOUSE	
,	(Firm/ Company)
. 21100 95TH AVENUE SOUTH	
	(Address)
00/00	
BOCA RATON, FL 33428	(City/ State and Zip Code)
	(1.0, 1
JESHARKEY@AOL.COM	for future annual report notification)
For further information concerning this matter, please	
ror turner information concerning this matter, prease	Call
JOHN SHARKEY	561 482-0523
(Name of Contact Person)	at () (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
\$35 Filing Fee	Certified Copy (Additional copy is enclosed) \$\int_{\$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

SPBC FEDERATION HOUSING, INC.

SPBC FEDERATION HOODING, 1200.	
(Name of Corporation as currently filed with the Florida	a Dept. of State)
N9600000239	
(Document Number of Corporation	n (if known)
cursuant to the provisions of section 617.1006, Florida Statutes, the mendment(s) to its Articles of Incorporation:	nis Florida Not For Profit Corporation adopts the following
. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Company" or "Co." may not be used in the name.	" or "incorporated" or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
	,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12 HAR -9
. If amending the registered agent and/or registered office ac	iuless iii propius, chief the name of the 📁 🗀 .
new registered agent and/or the new registered office addre	
Name of New Registered Agent:	9: Mick
	0 5
(Flore Registered Office Address:	ida street address)
	, Florida
(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Age	nt•
hereby accept the appointment as registered agent. I am familia	
Signature of New Pagistared	Agant if changing

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.

<u>X</u> Change	<u>PT</u> Jo	ohn Doe	
X Remove	<u>V</u> <u>M</u>	fike Jones	
X Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action (Check One)	<u>_Title</u>	Name	<u>Addres</u> s
Change X Add Remove	<u>D</u>	DAVID GALPERN	5364 ASCOT BEND BOCA RATON, FL 33496
2) Change	D	STEPHEN MENDELSOHN	21428 SHANNON RIDGE WAY BOCA RATON, FL 33428
3) Change Add Remove	<u>D</u>	CINDY ORBACH NIMHAUSER	22175 LARKSPUR TRAIL BOCA RATON, FL 33496
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

additional Arti s, if necessary).				
				
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The date of each amendment(s) adoption:	w/ + 0/ + w ·
Effective date if applicable:	2/16/12
	nore than 90 days after amendment file date)
Adoption of Amendment(s) (CH	ECK ONE)
The amendment(s) was/were adopted by the was/were sufficient for approval.	e members and the number of votes cast for the amendment(s)
There are no members or members entitled adopted by the board of directors.	to vote on the amendment(s). The amendment(s) was/were
Dated 227	1/12 Nobil
(By the chairman or vice have not been selected, l	chairman of the board, president or other officer-if directors by an incorporator – if in the hands of a receiver, trustee, or duciary by that fiduciary)
JAMES NOBIL	
(Typed or p	rinted name of person signing)
PRESIDENT	
(Title of po	erson signing)