119600003334

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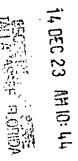


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TO ACKNOWLEDGE
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NECEIVE DEPARIMENT DE SIMIC DIVISION DE CORPORATION





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Tallahassee Area Foster Parents Association, Inc.				
DOCUMENT NUMBER: N9600003334				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matte	Please return all correspondence concerning this matter to the following:			
Heather Rosenberg				
	(Name of Contact Person	1)		
Tallahassee Area Foster	Parents As	sociation		
	(Firm/ Company)			
P O Box 4162				
	(Address)			
Tallahassee, FL 32315-4	162			
	(City/ State and Zip Code	e)		
nolegirl74@gmail.	.com			
E-mail address: (to be used	for future annual report r	otification)		
For further information concerning this matter, please of	eall:			
Heather Rosenberg	_{at (} 850	322-5425		
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)		
Enclosed is a check for the following amount made pay	able to the Florida Depa	rtment of State:		
☐ \$35 Filing Fee ☐ \$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 AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		ment Section n of Corporations Building xecutive Center Circle		



Articles of Amendment to Articles of Incorporation of

14 DEC 23 AH 10: 44

		SECRETARY	
the Flor	rida Dept. of State)	HALL POPULS	- H.OHD
			_
ber of Co	rporation (if known)		
la Statute:	s, this <i>Florida Not For Profit C</i>	orporation adopts the	following
orporatio	on:		
optive	e Parent Association	n, Inc.	The new
<u>e:</u>	22 Shoemaker Ct.		
DRESS)	Crawfordville, FL 3	2327	-
<u>D.X</u>)	N/A		-
of fice ac	<u>ldress:</u>	name of the	-
oema	ker Ct.		
(,		•
ordvill	e . Flor	_{rida} 32327	
(City)		(Zip Code	
I am fan	ailiar with and accept the obliga	tions of the position.	
	cet office acer Rose ordville (City)	optive Parent Association corporation" or "incorporated" or the association are also associat	the Florida Dept. of State) Der of Corporation (if known) a Statutes, this Florida Not For Profit Corporation adopts the Deporation: Optive Parent Association, Inc. Corporation or "incorporated" or the abbreviation "Corp." 22 Shoemaker Ct. DRESS (Crawfordville, FL 32327) N/A N/A Pred office address in Florida, enter the name of the office address: OFFICE Rosenberg Demaker Ct. (Florida street address) Drdville (City) (Zip Code distered Agent: I am familiar with and accept the obligations of the position.

· 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>V</u> <u>Mil</u>	n Doe se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	Heather Rosenberg	22 Shoemaker Ct.
Add			Crawfordville, FL 32327
Remove			
2) Change	Р	Karen Condry	1313 Nancy Lane
Add			Tallahassee, FL 32301
X Remove			
3) Change	T	Everett Condry	1313 Nancy Drive
Add			Tallahassee, FL 32301
X Remove			<u> </u>
4) Change	Т	Brian Carroll	13800 Moccasin Gap Rd.
X			Tallahassee, FL 32309
Remove			
5) Change	S	Edward Hand	187 Juniper Dr.
X Add			Crawfordville, FL 32327
Remove			
6) Change	D	Christina Jacob	P O Box 1562
X Add			Woodville, FL 32362
Remove			

Mach additional sheets, if necessary).	(Be specific)	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed. Effective date if applicable: 12/22/2014	
(no more than 90 days after amendment file date)	
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 Signature (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)	
Heather Rosenberg	
(Typed or printed name of person signing)	
President	
(Title of person signing)	