N96000003334

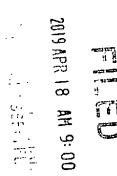
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C. GOLDEN APR 2 7 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	REA FOSTER AND ADOPTIVE PARENT ASSOCIATION, INC.
N96000003334 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subn	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
Kristen Diot	
	(Name of Contact Person)
	(Firm/ Company)
1540 Colonial Dr.	
	(Address)
Tallahassee, FL 32303	
	(City/ State and Zip Code)
kristenediot@gmail.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please of	call:
Kristen Diot	321 987-2415
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2019 APR 18 AM 9:00

TALLAHASSEE AREA FOSTER AND ADOPTIVE PARENT ASSOCIATION, INC.

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
N96000003334	
(Document Nun	nber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:
name must be distinguishable and contain the word "corpor "Company" or "Co," may not be used in the name	The new ration" or "incorporated" or the abbreviation "Corp," or "Inc,"
B. Enter new principal office address, if applicable:	1540 Colonial Dr.
(Principal office address <u>MUST BE A STREET ADDRES</u> :	S) Tallahassee, FL 32303
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered of	fice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent: Kristen	C. Diot
1540 Cc	olonial Dr.
New Registered Office Address:	(Florida sircei address)
Tallahas	ssee, Florida
	(Chy) (Zip Code)
New Registered Agent's Signature, if changing Registere	d Agent:
I hereby accept the appointment as registered agent. I am f	amiliar with and accept the obligations of the position.
	Cun Diet
	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 hold 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 Do V Mike Jo SV Sally Si	<u>ines</u>	
Type of Action (Check One)	Title	<u>N'ame</u>	<u>Addres</u> s
1) X Change	<u> </u>	Kristen Diot	1540 Colonial Dr.
Add			Tallahassee, FL 32303
Remove			
2) Change	<u>р</u>	Emily Pritchard	1156 Winter Lane
Add			Tallahassee, FL 32311
X Remove			
3) Change	<u>S</u>	Audrey Thompson	P O Box 4162
X Add			Tallahassee, FL 32315
Remove			-
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>H amending or adding additional Artic</u> (attach additional sheets, if necessary).	des, enter change(s) h (Be specific)	<u>iere</u> :		
N/A				
				
				
				_
			<u> </u>	-
				·
				
		··		
	<u> </u>			<u>.</u>
				
			· <u>·</u>	
			_	

he date of each amendment(s) adoption:	if other than the
ate this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ocument's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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.	
1/2/2019 Dated	
Signature DC:	
(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)	
Kristen C. Diot	
(Typed or printed name of person signing)	
Secretary	
(Title of person signing)	