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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: New VISIONS Community Development Copporation Inc
DOCUMENT NUMBER: N9700004500
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nikki Austin-Shipp (Name of Contact Person)
(Name of Contact Person)
New Visions Community Development Corporation, Inc.
1124 NW Sunrise Blow (Address)
Ft. lawlendule, Ft. 33311 (City/ State and Zip Code)
(City/ State and Zip Code)
Austha-Shippamthb.org E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nikli Austin - Shipp at 954. 768. 0262 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Certified Copy (Additional copy is enclosed) \$\text{Certified Copy (Additional Copy is Enclosed)}\$
Mailing Address Street Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2017

NIKKI AUSTIN-SHIPP 1124 NW SUNRISE BLVD FT. LAUDERDALE, FL 33311

SUBJECT: NEW VISIONS COMMUNITY DEVELOPMENT CORPORATION

Ref. Number: N97000004526

We have received your document for NEW VISIONS COMMUNITY DEVELOPMENT CORPORATION and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please add the date of amendment adoption.

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.

Valerie Herring Regulatory Specialist II

Letter Number: 017A00005098

Articles of Amendment to Articles of Incorporation

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

NEW VISIONS COMMUNITY DEVELOPMENT CORPORATION

2017 APR -7 PM 2: 10

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

M 9 7000004526 (Document Number	r of Corporation (if known)
	, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>n:</u>
New Visions Development Community name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	The new or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	1100 MW. Survice Blow
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	1100 MW. Survice Blow Ft. Lunderdale, Fr. 33311
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered officenew registered agent and/or the new registered office agent.	
Name of New Registered Agent: DAV	W. Sinrise Blow (Florida street address)
<u> //w</u>	W. Surise Block
New Registered Office Address:	(Florida street address)
	Landerte la Florida 33311
	Landerhale Florida 33311 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered a large l	
1	501
Sig	gnature 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 <math>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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	Executive Director	Nikki Austin - Snipp	1100 1124 NW. Sunrise Blow Ft. Landerlyle, Ft 33311
2) Change	<u>Cfo</u>	Cherita Richadian	901 NW 11th Ane Ft. Lunerale, Ft. 33311
Remove 3) Change Add		Chris Smith	- 1100 HDA NW. Surise Blow Ft. Lunderwee, Fr 33311
Remove 4) Change Add	5	Michele Edmons-Collie	1100 HAY NW. Servise Blow Ft. Landedale, Ft. 33311
Remove Change Add	Vice Chuir	DAVID HARVIN	901 NW 11th Ave Ft. Lunkalle, FC 33311
Remove Change Add Remove	I	CLAUGE JENKINS	1100 1100

• If amending or adding additional As (attach additional sheets, if necessary).	(Be specific)	
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
· · · · · Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the E	lock does not meet the applicable statutory filing requirements, this date will be partment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) val.	
There are no members or men adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were etors.	
Dated	3/21/17	
Signature	EL	
have not b	airman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or t appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
_ <u>R</u>	College Agent & Vice Chair (Title of person signing)	