# 98000006424

(Re	questor's Name)	
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

		ty Florida Action Netax	ork, Inc.
DOCUMENT NUMB	er: <u> </u>	8000000 6424	
The enclosed Articles of	f Amendment and fee are	e submitted for filing.	
Please return all corresp	oondence concerning this	matter to the following:	
	David (Nam	ne of Contact Person)	
2010 JAN 25 AM 8: 00 SECRETARY OF STATE	(	Firm/ Company)	
METARY AHASSEL	2549	37th Avenue North (Address)	
2011 SEC TALL	St. Peter. (City)	Sharg Fl 337/3  State and Zip Code)  avid Q eq florg  e used for future annual report notification	
	concerning this matter, p	please call:	
Nadine	Smith	at ( <u>F/3</u> ) <u>F/7 - 6</u> (Area Code & Daytime T	093
(Name of	f Contact Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for	the following amount ma	ade payable to the Florida Department of	State:
\$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendi Division P.O. Bo	Address ment Section of Corporations x 6327 ssee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	cle



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 26, 2010

DAVID COSTA 2549 37TH AVENUE NORTH ST. PETERSBURG, FL 33713

SUBJECT: EQUALITY FLORIDA ACTION NETWORK, INC.

Ref. Number: N98000006424

We have received your document for EQUALITY FLORIDA ACTION NETWORK, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 210A00002008

RECEIVERS

ONDFEBIO AM 8: 00
SECRETARY OF STATE

District of Company in a DO DOV 6997 Tellahagan Florida 99914

### Articles of Amendment to Articles of Incorporation of

Equality Florida Ac (Name of Corporation as currently	ction	Ne Faork	Inc.		
(Name of Corporation as currently	filed with	the Florida De	pt. of State	()	
N980000	200 64	124			
(Document Number					
Pursuant to the provisions of section 617.1006, Flor the following amendment(s) to its Articles of Incorp		s, this <i>Florida N</i>	lot For Pro	fit Corporation	adopts
A. If amending name, enter the new name of the	corporatio	on:			
Famility Elizada	Tio				
The new name must be distinguishable and contain	n the word	''corporation'	or "incor	porated" or the	?
abbreviation "Corp." or "Inc." "Company" or	o." may no	t be used in the	name.		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL		<del> </del>			,
		-			
C. Enter your mailing address if applicables				PER PER	77
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	8 <i>0X</i> )			器器	
				TAR ASS	
				MO TI	
				77 4	
D. If amending the registered agent and/or regist	tered office	address in Flo	rida, enter	the mane of the	ie
new registered agent and/or the new registere			·	P	_
Name of New Registered Agent:					
New Registered Office Address:	(Flor	ida street addre	ess)		
<u> </u>			,	Florida	
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing Relatively accept the appointment as registered age position.			and accept	the obligations	of the
Signal	ture of New	Registered Age	ent, if chang	ging	

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## 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	<u> </u>		
			Remove
	····		
E. If amer	nding or adding additional A additional sheets, if necessary	Articles, enter change(s) here: v). (Be specific)	
	•	,	
<u></u> .			

The date of each amendment(s	s) adoption://////
`	(tlate of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for approx	e adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or madopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
Dated	1/1/10
Signature	Nachi Sid
(By t	he chairman or vice chairman of the board, president or other officer-if directors
	not been selected, by an incorporator – if in the hands of a receiver, trustee, or
other	court appointed fiduciary by that fiduciary)
	Nadine Smith
	(Typed or printed name of person signing)
	(Title of person signing)
	(Title of person signing)