## N9900001109

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: FRIENDS OF FOSTER Children OF SWFL, Inc.
DOCUMENT NUMBER: N 900001104
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jane Billings Executive D'inectoe (Name of Contact Person)
Friends of Foster Children Forevee (Firm/Company)
2675 Hoeseshoe Drive South # 402 (Address)
Maples, FLorida 34104 (City/State and Zip Code)
Jane @ feiends of forsterchildren - net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tone B. 11 ings at 239 262 1808  (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 Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  (Additional Copy is Enclosed)
Mailing Address Amendment Section  Street Address Amendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

## **Articles of Amendment**

to

## **Articles of Incorporation**

of

Friends of Foster Children of SWFL, Inc. >				
(Name of Corporation as currently filed with the Florida Dept. of State)				
N 9000001104				
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:				
A. If amending name, enter the new name of the corporation:				
Friends of Foster Children Forever Inc. The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.				
B. Enter new principal office address, if applicable: 2675 Horseshoe Drue, South (Principal office address MUST BE A STREET ADDRESS)  Suite 402				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  2675 Hoeseshoe Deve South  Suite 402  Noples, FL 34104				
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:				
Name of New Registered Agent:				
New Registered Office Address:  New Registered Office Address:  New Registered Office Address:  (Florida street address)  (City)  (Zip Code)				
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				
Signature of New Registered Agent, if changing				

If amending the Officers and/or Directors, enter the title and	d name of each officer/director being removed and title, name, an
address of each Officer and/or Director being added:	11/9
And to that the second	1

 $(Attach\ additional\ sheets, if\ necessary)$ 

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	<u>V</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change		*******	 
Add			
Remove			
2) Change	<del></del>		
Add			
Remove			
3) Change			 
Add			
Remove			
4) Change	<del></del>		 
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
		<del></del>	
Add			
Remove			

f amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)							
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The date of each amendment(s) adoption:  date this document was signed.
Effective date if applicable:  (no more than policy after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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.
Dated
Signature Chosena
(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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
<u>Chairenon</u>
(Title of person signing)