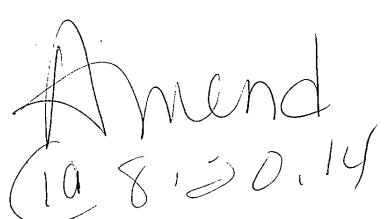
(Requestor's Name)	
(Address)	000262737480
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	08/11/1401045010 **35.00
(Document Number)	
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	
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Office Use Only



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Friends O	f Birch State	e Park, Inc.
DOCUMENT NUMBER: N9900004	006	
The enclosed Articles of Amendment and fee are subn	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Jim Ellis		
	(Name of Contact Persor	1)
Friends of Birch State Pa	ark, Inc.	
	(Firm/ Company)	
3020 NE 32nd Avenue, S	Suite 110	-,\$
	(Address))
Fort Lauderdale, FL	クケ	
1	(City/ State and Zip Code	e)
sroy@edi.cc		
E-mail address: (to be used For further information concerning this matter, please	·	notification)
Jim Ellis	_{at (} 954	563-0550 ext 207
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Depa	ortment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle

Articles of Amendment to Articles of Incorporation of



Friends of Birch State Pa	rk, Inc.		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
N99000004006			
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation		For Profit Corporation adopts the f	followin
A. If amending name, enter the new name	e of the corporation:		
			The nev
name must be distinguishable and contain to "Company" or "Co." may not be used in the		'ed" or the abbreviation "Corp." o	r "Inc."
B. Enter new principal office address, if (Principal office address MUST BE A STR	applicable: REET ADDRESS)		
C. Enter new mailing address, if applica	hla		
(Mailing address MAY BE A POST OF		T-17	
D. If amending the registered agent and/		a, enter the name of the	
new registered agent and/or the new i	registered office address:		
Name of New Registered Agent:			
_		·	
New Registered Office Address:	(Florida street address)		
		Florida	
-	(City)	, Florida (Zip Code))
New Registered Agent's Signature, if cha	naina Dogistorod Agonts		
I hereby accept the appointment as register		pt the obligations of the position.	
	Signature of New Registered Agent, if	changing	

Page 1 of 4

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>Mik</u>	<u>n Doe</u> <u>e Jones</u> y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Exec Director	Tracy Roloff	3109 E. Sunrise Blvd
Add			Fort Lauderdale, FL
X Remove			33304
2) Change	C 18 18 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)
	<u>.</u> .

	.

	7. A. W. F.

	date of each amendment(s) adoption: this document was signed.	, if other than the
Effe	ective date <u>if applicable</u> :	_
	(no more than 90 days after amendment file date)	
Ado	option 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 8/07/2014	
	Signature H	
	(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)	_
	James F. Ellis	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	