724567

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COVER LETTER

TO: Amendment Section Division of Corporations

Dry NAME OF CORPORATION:	/ Palms Foundati	on, Inc.	<u> </u>	
724567 DOCUMENT NUMBER:				
The enclosed Articles of Amendment	and fee are subn	nitted for filing.		
Please return all correspondence conc	erning this matte	r to the following:		
Mardi Blair				
		(Name of Contact Pe	rson)	
Dry Palms Foundation, Inc.				
		(Firm/ Company)	
1251 Lamar Road				
		(Address)	<u> </u>	
No. Fort Myers, FL 33903				
		(City/ State and Zip C	Code)	
mblairallen01@gmail.com				
E-mail add	lress: (to be used	for future annual rep	ort notification	n)
For further information concerning the	is matter, please	call:		
Mardi Blair		at	239	470-7790
(Name of	f Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	amount made pay	yable to the Florida D	Department of S	State:
	75 Filing Fee & ficate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi Certifi	0 Filing Fee icate of Status icd Copy tional Copy is osed)
Mailing Address Amendment Section	n		eet Address lendment Secti	on

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

Articles of Amendment to Articles of Incorporation of

Dry Palms Foundation, Inc.		
(Name of Corporation as	currently filed with the Flori	da Dept. of State)
724567		
(Documen	t Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorporated	
B. Enter new principal office address, if applicable	<u> </u>	
(Principal office address <u>MUST BE A STREET ADD</u>	PRESS)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u>)	
D. If amending the registered agent and/or register	ed office address in Florida.	enter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent:		
Name of New Registered Agent.	÷n ··	
	(E)	orida street address)
New Registered Office Address:	(7)6	rraa sireet aaaress)
		, Florida
	(City)	(Zip Code)
Non-thirt and American States to the	istand Auant.	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		the obligations of the position.
	<i>,</i>	
	Signature of New Registe	ered 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 PTD.

Changes should be noted in the following manner. Currently John Doc 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>y</u> <u>Mik</u>	n Doe se Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
X Change	Т	Douglas D. Best	241 Kingston Drive
Add			Fort Myers, FL 33905
Remove			
2) Change	<u>T</u>	Jeanie Turner	2090 Lochmor Circle
Add			No. Fort Myers, FL 33905
X Remove 3) Change	Р	Christopher Grant Wells	1427 S. Charcau Court
X Add		·	No. Fort Myers, FL 33903
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Mach additional she	ets, if necessary).	(Be specific)				
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<u> </u>						
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					<u> </u>	
						
			•			

The date of each amendment(s) adoption:	, if other than th
late this document was signed.	
Effective date if applicable:	
(no more than 90 days after a	mendment file date)
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the members and the numb was/were sufficient for approval.	er of votes cast for the amendment(s)
There are no members or members entitled to vote on the amendment adopted by the board of directors.	nt(s). The amendment(s) was/were
Dated November 2, 2019	
Signature	
(By the chairman or vice chairman of the board, p have not been selected, by an incorporator – if in other court appointed fiduciary by that fiduciary)	the hands of a receiver, trustee, or
Christopher Grant Wells	
(Typed or printed nan	ne of person signing)
President, Dry Palms Foundation, Inc.	

(Title of person signing)