Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:___

COR AMND/RESTATE/CORRECT OR O/D RESIGN NATALIE MICHAELS FOUNDATION, INC.

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help

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NATALIE MICHAELS FOU	IND ATION	INC			f Amenda to 'Incorport of		٤.	1.	16: ¿*;
(Same of Corporation as			h the Fig	rida Dep	L of State	}			***************************************
Pursuant to the provisions amendment(s) to its Article		617,1006.				non (if knov a Not Far P	,	ation adopts	the following
A. If amending name, en name must be distinguisha "Company" or "Co." may	hle and co not be use	ntain the s ed in the r	word "ca name.	rporatio	_	nporated" c	or the abbreve	iation "Corp	The new
B. Enter new principal of Principal office address of C. Enter new malling at (Mailing address MA)	<i>MUST BE</i> ldress, if a	<i>A STRÉI</i> pplicable	E <i>T ADDI</i>						
D. If amending the registered agent	tered s <u>ee</u> s	₹ nad/gr	registere	d office :		Florida, en	ter the name	of the	
Name af	Ken: Regis	tried dgs	:m:					******************	***************************************
<u>New Re</u>	gistered Q	Ifice Add					la stores whilees.		
			******		(C/p)			Florida (Zip Code)	
New Registered Agent's: Thereby accept the appoin	Signature. Iment as re	If changi gistered i	ing Regis agent. I	stered As am famil	<u>ent:</u> iar with an	d accept the	obligations (of the positio	≫ 2.

Signature of New Registered Agent, if changing

H20000354324 3

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 udditional sheets, if necessary).

Please note the officer/director side by the first letter of the office title:

P = President: Vn Vice President: Tn Treasurer; Sn Secretary: Dn Director: TRn Trustee: Cn Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, itst 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 PSF 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	$\overline{\Sigma}$	John Dog Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	(क्ष)	DARK KNEGTUNVESTMENTS LLC	
Remove			<u></u>
2) Change Add	************		
Remove 3.) Change Add Remove			
4) ChangeAdd	***************************************		
Remove			
5) Change Add	********		
Remove			
6) Change Add			
Remove			
E. If nmending or addin (attach additional vhee	g saldition ts. if nocces	nal Articles, enter change(s) here: sury). (Be specific)	

Adoption of Amendment(s)

	<u> </u>	
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c date of each assendment(s) as	option:	, if other than
e this document was signed.		
fective date <u>if applicable</u> :	(no more than 90 days ofter amendment file d	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

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H20000354324 3

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 10/02/1800
Signature ON A Signature
(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)
CHANNING D. ROXHAS
(Typed or printed name of person signing)
CEO/JAESIDE~5
(Title of person signing)