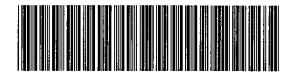
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(Re	equestor's Name)	
(Ad	ldress)	
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14 SFP -L MHII: N7

(1. Lewis

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Forgo	tten Ones,	Inc.
DOCUMENT NUMBER: N04000095	35	
The enclosed Articles of Amendment and fee are submit	ited for filing.	
Please return all correspondence concerning this matter t	to the following:	
Cindy Shadron		
, (N	Name of Contact Person)
The Forgotten Ones, Inc		
	(Firm/ Company)	
98 W Broadway Street		
	(Address)	
Oviedo, FL 32765		
(0	City/ State and Zip Code	•)
brooke@theforgott	enonesinc	.org
E-mail address: (to be used for		-
For further information concerning this matter, please ca	II:	
Brooke Payne	407	495-5100
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed is a check for the following amount made paya	ible to the Florida Depa	rtment of State:
□ \$35 Filing Fee ■\$43.75 Filing Fee & □ Certificate of Status	\$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 ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation



The Forgotten Ones, Inc.

14 SEP -4 AM 11: 07

(Name of Corporation as currently filed with the FI	orida Dept. of State)
N0400009535	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	,
name must be distinguishable and contain the word "corpord" ("Company" or "Co." may not be used in the name.	The new ation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent: N/A	
	(Florida street address)
New Registered Office Address:	
	, Florida
(City	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	
Signature of New	v 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>	n <u>Doe</u> e <u>Jones</u> y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>VP</u>	Brooke Payne	1058 Princess Gate Blvd
X Add			Winter Park, FL 32792
Remove			
2) Change	CFO	Angela Toney-McConnell	481 Alafaya Woods Blvd Apt D
X Add			Oviedo, FL 32765
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		en e	
Add			
Remove			

E. If amending or adding additional Arti	cles, enter change(s) here:		
E. If amending or adding additional Articature (attach additional sheets, if necessary).	(Be specific)		
B 1 / A			
N/A			
			
•			
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	•		
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendmen date this document was signed Effective date if applicable:	N/A (no more than 90 days after amenda	OF CORPORATIONS	, if other than the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/was/were sufficient for a	vere adopted by the members and the number of voproval.	votes cast for the amendment(s)	
There are no members or adopted by the board of	members entitled to vote on the amendment(s). directors.	The amendment(s) was/were	
Dated Se	ptember 2, 2014		
Signature	uide Shackson		
(By the	e chairman dr vice chairman of the board, preside not been selected, by an incorporator – if in the ha court appointed fiduciary by that fiduciary)		,
Cindy	Shadron		
	(Typed or printed name of person signing))	
Presid	lent		
-	(Title of person signing)		•