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(Re	equestor's Name)	
(Ac	ddress)	
(Ác	idress)	
(Ci	ty/State/Zip/Phone	: # <u>)</u>
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	ne)
(De	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Shades	Of Reign	Foundation Inc
	J	
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this man	ter to the following:	
i2 / \alpha\alpha\alpha	5 010	
Bray An Will	(Name of Contact Pers	son)
	(Firm/ Company)	
_		
2221 E Orang	je Ave A	pt 918
) (11001000)	
Tallabasse	P F1 373	311
19(1) 51(1)(1)(1)	(City/ State and Zip Co	ode)
brailing wise	ovalla o	
Draylyn I, Luis E-mail addless: (to be use	d for future annual repo	rt notification)
For further information concerning this matter, please	e call:	
Braylyn Wilson	at	772-828-9318 Area Code) (Daytime Telephone Number)
1 1 (Name of Contact Persor	1) (.	Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida De	epartment of State:
X \$35 Filing Fee □\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee
Certificate of Status	Certified Copy	Certificate of Status
	(Additional copy is enclosed)	Certified Copy (Additional Copy is
	enciosed)	Enclosed)
Mailing Address	Stree	Address
Amendment Section	Ame	ndment Section
Division of Corporations		sion of Corporations
P.O. Box 6327	The	Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

Shodes of Reign (Name of Corporation as currently filed with the Florida	Foundation Dept. of State)	on, inc	
(Document Num	ber of Corporation	ı (if known)	
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida?</i>	kot For Profit Corp	poration adopts the following
A. If amending name, enter the new name of the corpora	tion:		
name must be distinguishable and contain the word "corpore "Company" or "Co." may not be used in the name.	ation" or "incorp	orated" or the abb	The new reviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>	2221 E Talvib	Orange A	4e Apt 918
C. Enter new mailing address, if applicable:			20 FEB
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		orida, enter the na	une of the
Name of New Registered Agent:			
New Registered Office Address:		(Florida street addi	ressj
	(City)		_, Florida
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo	f Agent:	occept the obligation	(Zip Code) ons of the position.
	Signature of New 1	Registered Agent, ij	î changing

If amending the Office and address of each Officers additional sheet Please note the officers P = President; V = Vic Executive Officer; CFO held. President, Treasure.	Officer and ets, if neces (director tit e President () = Chief F	for Director sary) le by the firs ; T= Treasu Financial Of	r being added: st letter of the office th trer; S= Secretary; D ficer. If an officer/dir	de: = Director; TR= Tr.	ustee: C = Chairma	noved and title, name n or Clerk; CEO = Ch first letter of each offic	ief
Changes should be not a change, Mike Jones (Mike Jones, V as Remo	leaves the c	orporation,	Sally Smith is named				
Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jone Sally Smi					
Type of Action (Check One)	Title	1	<u>Name</u>		<u>Addres</u> s		
l) Change Add							
Remove 2) Change Add		- -	_ . .			10 EB B	
Remove 3) Change Add Remove							
4) Change Add		-					
Remove							
Add Remove							
6) Change Add Remove							
E. If amending or ad (attach additional s)			es, enter change(s) h	2 of 4			
in the	Commi	unity t	y of life by prividing	1 Charres	e and edu	women wational remaining	
			d cyclusiv	\sim)	1	.J	

and advational services.

		
	 	
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	Page 3 of 4	PH 2: 32
The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date <u>if applicable</u> :	to more than 90 days after amendment file date)	 -
	not meet the applicable statutory filing requirements, if	
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes east for the am	endment(s)

Dated February 18, 2020
Signature Dayly Moun
(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)
Dray lyn Wilson
(Typed or printed name of person signing)
(121
\bigcirc
Procedont
(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

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SLUMBLESEE STATE