735769

| (Requestor's Name) |
|--|
| |
| (Address) |
| |
| (Address) |
| (radioss) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| , |
| (Document Number) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| Special instructions to Filling Officer. |
| |
| |
| , |
| |
| |
| |
| |

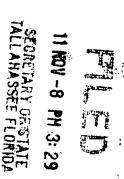
Office Use Only



400214030074

11/08/11--01008--019 **52.50

Amend



Th 11-8-4

COVER LETTER

TO: Amendment Section Division of Corporations

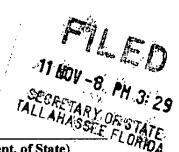
P.O. Box 6327 Tallahassee, FL 32314

| NAME OF CORPORATION: Northwest Florida Visionnaires, Inc. | | | |
|---|---|--|--|
| DOCUMENT NU | MBER: EIN 51-0201777 | | |
| The enclosed Artic | les of Amendment and fee are | submitted for filing. | |
| Please return all co | rrespondence concerning this | matter to the following: | |
| Flo | rence J. Mathiesen | | |
| | (Name | e of Contact Person) | |
| No | rthwest Florida Visionnaires | | |
| | . (F | Firm/ Company) | |
| 609 | 97 Blueberry Lane | | |
| | | (Address) | |
| Cre | estview, Florida 32536-7142 | | |
| | (City/ | State and Zip Code) | |
| fjma | at@cox.net | | |
| | E-mail address: (to be | used for future annual report not | ification) |
| For further informa | tion concerning this matter, pl | ease cali: | |
| Florence J. Math | | at (850) 682-7 | |
| (Nan | ne of Contact Person) | (Area Code & Da | ytime Telephone Number) |
| Enclosed is a check | for the following amount mad | le payable to the Florida Departn | nent of State: |
| □\$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | Certified Copy (Additional copy is enclosed) | ☑\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| <u>Ma</u> | iling Address | Street Address | is onelosed, |
| | endment Section | Amendment Section | |
| Division of Corporations | | Division of Cornor | rations |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



| Northwest Florida Visionnaires, Inc. | | | - TATE FLORIE |
|--|--------------------|--------------------------------|---|
| (Name of Corporation as currently file | led with the | Florida Dept. of | State) OAFOA |
| EIN 51-0201777 | 5710 | 9 | e de la companya de |
| (Document Number of | Corporation | (if known) | • • |
| rsuant to the provisions of section 617.1006, Florida e following amendment(s) to its Articles of Incorpora | | s <i>Florida Not Fo</i> | or Profit Corporation add |
| If amending name, enter the new name of the co | rporation: | | |
| I/A | | | |
| ne new name must be distinguishable and contain i | | | |
| obreviation "Corp." or "Inc." "Company" or "Co." | | | <u>2.</u> |
| Enter new principal office address, if applicable | | <u>'A</u> | |
| rincipal office address <u>MUST BE A STREET ADD</u> | <u>(KESS</u>) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) | v) N/ | Α | |
| (Muning dutiess MAT BE AT OST OFFICE BO | <u>a</u> / | | · |
| | F | | |
| | ., | | |
| If amending the registered agent and/or register | ed office add | lress in Florida. | enter the name of the |
| new registered agent and/or the new registered of | | | |
| Name of New Registered Agent: N/A | | | |
| | | | |
| New Registered Office Address: | (Florida s | street address) | |
| | | | , Florida |
| | ((| City) | (Zip Code) |
| w Registered Agent's Signature, if changing Regi | stored Agen | *• | |
| nereby accept the appointment as registered agent. sition. | | | ecept the obligations of |
| | | | |
| Signature | e of New Reg | istered Agent, if a | changing |

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

| Title(s) | <u>Name</u> | | Address | |
|-------------------------|--|---|----------------------|------------------|
| 1) <u>N/A</u> | | | | |
| 2) | | • | | |
| 3) | | | | |
| 4) | | | | |
| , | , , , , , , , , , , , , , , , , , , , | | | |
| 5) | | *************************************** | | |
| 6) | | | | |
| If REMOVING as removed: | n officer and/or director, pl | ease list the title(s) an | d name of the office | r/director to be |
| Title(s) | <u>Name</u> | Title(s) | <u>Name</u> | |
| 1) <u>N/A</u> | | 4) | | |
| 2) | | 5) | | |
| 3) | | 6) | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |
|---|
| ARTICLE II PURPOSES |
| Said organization is organized exclusively for charitable, religious, |
| educational, and scientific purposes, including, for such purposes, the making |
| of distributions to organizations that qualify as exempt organizations under |
| section 501(c)(3) of the Internal Revenue code, or corresponding section |
| of any future federal tax code. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

| The date of each amendment | (s) adoption: November 4, 2011 |
|---|--|
| The date of each billemanicine | (date of adoption- required) |
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/wer was/were sufficient for appr | e adopted by the members and the number of votes cast for the amendment(s) oval. |
| There are no members or me adopted by the board of direct | embers entitled to vote on the amendment(s). The amendment(s) was/were ctors. |
| Dated Nove | mber 4, 2011 |
| Signature | Florence & Mathiesen |
| have | the chairman or vice chairman of the board, president or other officer-if directors enot been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) |
| | Florence J. Mathiesen |
| | (Typed or printed name of person signing) |
| | Chairman, Northwest Florida Visionnaires, Inc. |
| | (Title of person signing) |

Page 4 of 4