JAN/24/2017/TUE 12:44 PM Division of Corporations

736238

P. 001 Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000022092 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SALVATORI, WOOD, BUCKEL, CARMICHAEL &

Account Number : I20030000112

: (239)552-4100

Phone Fax Number

: (239)649-0158

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN ONE BY ONE LEADERSHIP FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 25 2017

(((H17000022092 3))) COVER LETTER

TO: Amendment Section Division of Corporations One by One Leadership Foundation, Inc. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: Kevin Carmichael, Esq. (Name of Contact Person) Salvatori, Wood & Buckel, P.L. (Firm/ Company) 9132 Strada PLace, Fourth Floor (Address) Naples, FL 34108 (City/ State and Zip Code) jlh@swbcl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kevin Carmichael 239 552-4100 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: 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 Certified Copy enclosed) (Additional Copy is

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed)

P. 003 FILLL SEGRETARY OF STALL BIVISION OF COMPONANT OF

(((H17000022092 3)))
Articles of Amendment
to
Articles of Incorporation
of

2017 JAN 24 AFT 9: 42

One by One Leadership Foundation, Inc.		
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)
736238		
(Document	t Number of Corporation (if k	(nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rooration:	
name must be distinguishable and contain the word "c "Company" or "Co," may not be used in the name,	orporation" or "incorporate	The new d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>	ERESS)	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BO)</u>	20	`
D. If amending the registered agent and/or register new registered agent and/or the new registered of		enter the name of the
Name of New Registered Agent:		
New Registered Office Addrass:	(Florida street address)	
		, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.		t the obligations of the position.
	Signature of New Regis	stered Agent, if changing

Page 1 of 4

(((H17000022092 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 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	V Mik	a <u>Doe</u> e Jones √ Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	D	Michelle L. Gray	588 Ridge Drive
Add			Naples, FL 34108
x Remove			
2)Change	D	Victoria A. Gauze	Post Office Box 5075
X Add			Immokalee, FL 34143
Remove	٠		
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove		Page 2 of 4	

(((H17000022092 3)))

. If amending or adding additional (attach additional sheets, if necessar	Articles, enter ch	ange(s) here:	332 0///		
(anach adamonal sneets, y necessur	y). (De specific)	,			
			· · · · · · · · · · · · · · · · · · ·		
····					
			·		
					·
	<u> </u>				
					
					
				•	
•					
					
			•	· · ·	
· · · · · · · · · · · · · · · · · · ·				<u> </u>	
 	 				
		· · · · · · · · · · · · · · · · · · ·			
		· <u>- · · · · · · · · · · · · · · · · · ·</u>			

Page 3 of 4

P. 006

PILES SLEKE FARY OF STATE A.VISION OF CORPURATE

(((H17000022092 3)))

2017 JAN 24 AM 9: 42

The date of each amendmendate this document was signed		_, if other than the
Effective date if applicable:		
	this block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	oo listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.	
There are no members of adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	4/2017	
Signature	THE THURST	
(By the have	not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
John	ı Lewson	
	(Typed or printed name of person signing)	
Exe	cutive Director	
	(Title of person signing)	