745289

(Re	equestor's Name)	
(Ac	ldress)	
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Cherton, whom

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: THE DOVE FOUNDATION
DOCUMENT NUMBER: 745289
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
<u>ŠUSAN SAMLASKA</u> (Name of Contact Person)
(Name of Contact Person)
THE DOVE FOUNDATION
THE DOVE FOUNDATION (Pirm/ Company)
5940 PELICAN BAY PLAZA #301 (Address)
(Address)
GULFPORT, FL 33707 (City/ State and Zip Code)
(City/ State and Zip Code)
THE DOVE FOUNDATION @ REALMOF POSSIBILITIES_COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SUSAN SAMUASKA at (727) 2/5-22/8 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(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 \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Certified Copy (Additional copy is enclosed) \$\Bigcup (Additional Copy is enclosed)\$\$
Mailing Address Street Address

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

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

Articles of Amendment to Articles of Incorporation of

(Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviatio "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	(Name of Corporation as currently	OUNDATION, I w filed with the Florida	Dept. of State	2)
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts of lowing amendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: The new maine must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation of the new registered address, if applicable: Principal office address MUST BE A STREET ADDRESS Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) (Florida street address)	7450 8	19		
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ew Registered Agent's Signature, if changing Registered Agent:		(City)		(Zip Code)
vii annigivivan angelly is esiglimentanj it bismiligilig, annigisted (Agelle)	ew Registered Agent's Signature if changing Registere	d Agent:		
ereby accept the appointment as registered agent. I am familiar with and accept the obligations of the positio			he obligations	of the position.

Page 1 of 4

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)	<i>,</i>	Name		Address	
1) <u>PRES</u>		EILEEN H KOZAN	<u>) </u>	6280 CENTRAL AVE # 300 51. PETERSBURG, FL	33707
2) <i>VP</i>		SUSAN SAMLAS		5940 PEUCAN BAY P # 301 BULFPORT, FL 337	
3)		····			
4)	,				
5)					
6)			-		
If REMOVIN	G an officer	and/or director, please lis	t the title(s) and i	name of the officer/director to	be removed:
Title(s)	Name		Title(s)	Name	
1)			4)		
2)			5)		
3)			6)		

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)			
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The	dațe of each amendment(s) adoption: NOV 28, 2011
Effe	ctive date if applicable: (no more than 90 days after amendment file date)
Ado	ption of Amendment(s) (CHECK ONE)
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
×	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 NOV 28, 2011 Signature Sandas ka
	Signature Jandaska
	(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)
	SUSAN SAMLASKA
	(Typed or printed name of person signing)
	PRES.
	(Title of person signing)

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