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COVER LETTER

: Amendment Section Division of Corporations

ME OF CORPORATIO	Creation Foundation,		 		
	N00000000583				
CUMENT NUMBER: _			_		
e enclosed Articles of Am-	endment and fee are subm	itted for filing.			
ase return all corresponde	nce concerning this matter	to the following:			
elissa Gross-Amold, Esq.,	B.C.S.				
<u> </u>	((Name of Contact	Person)		
nold Law Firm					
		(Firm/ Compa	ny)		
79 Dupont Station Court					
		(Address)			
cksonville, FL 32217					
	((City/ State and Zi	p Code)		
elissa@amoldlawfirmllc.c	om				
E	-mail address: (to be used	for future annual r	eport noti	fication)
r further information conc	erning this matter, please o	call:			
elissa Gross-Arnold, Esq.,	B.C.S.		904 at		731-3800
	(Name of Contact Person)			Code)	(Daytime Telephone Number)
closed is a check for the fo	ollowing amount made pay	yable to the Florida	a Departm	ent of S	State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)		Certifi Certifi	O Filing Fee icate of Status icd Copy tional Copy is osed)
P.O. Box 6	nt Section f Corporations		Street Ade Amendme Division o Clifton Bu 2661 Exec	nt Secti f Corpo iilding	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

eation Foundation, Inc.			
(Name of Corporation as curre	ntly filed with the l	florida Dept. of State)	
3000000583			
(Document Num	ber of Corporation (if known)	
rsuant to the provisions of section 617.1006, Florida Statu endment(s) to its Articles of Incorporation:	tes, this <i>Florida No</i>	For Profit Corporation a	dopts the following
If amending name, enter the new name of the corpora	ition:		
			The new
ne must be distinguishable and contain the word "corpor ompany" or "Co." may not be used in the name.	ation" or "incorpor	ated" or the abbreviation	
Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRESS</u>	<u> </u>		
			20.9
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			DEC 19
			100 H
If amending the registered agent and/or registered of		ida, enter the name of th	
new registered agent and/or the new registered office	address:		•
Name of New Registered Agent:	<u> </u>		<u></u>
New Registered Office Address:		(Florida street address)	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(City)	, Florida	1 Code)
w Registered Agent's Signature, if changing Registere ereby accept the appointment as registered agent. I am f	d Agent:		•
	Signature of New Ri	egistered Agent, if changin	

mending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and ress of each Officer and/or Director being added:

ach additional sheets, if necessary)

ise note the officer/director title by the first letter of the office title:

President; V = V ice President: T = T reasurer; S = S ecretary; D = D irector: TR = T rustee; C = C hairman or C letter of each office cutive Officer; CFO = C hief Financial Officer. If an officer/director holds more than one title, list the first letter of each office! President, Treasurer, Director would be PTD.

nges 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 tange, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, e Jones, V as Remove, and Sally Smith, SV as an Add.

mple: Change Remove Add	$\overline{\underline{V}}$ <u>Mik</u>	n Doe se Jones y Smith	
ie of Action eck One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X Change	С	Eric Seltzer	5317 Las Flores Via
Add		 "	New Port Richey, FL 34654
Remove			
Change	<u>C</u>	Julie Rogers	7840 McPherson Drive
Add			New Port Richey, FL 34653
X Remove	VC	Jennifer Scott	2998 Rider Pass
Change Add		Jennier Georg	Odessa, FL 33556
Remove			
Change	ВМ	Dan Blanchard	9732 Little Road
Change X Add			New Port Richey, FL 34654
Remove			
Change			
Add			
Remove			
Change			
Add			
Remove		Page 2 of 4	

f amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)					
attach additional sheets, if necessary).	(Be specific)				
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date of each amendment(s) ad-	option:	, if other than the
this document was signed.	•	
ctive date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
e: If the date inserted in this blocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as the
option of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s) l.	
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated 12	12/19	
Signature	man or vice chairman of the board, president or other officer-if directors	
have not bee	en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Eric Selt	zer	
	(Typed or printed name of person signing)	
Board C	hair	
	(Title of person signing)	