N01000008476

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	2 #N
(0)	ty/State/Zip/Filone	> #1)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	EmbroidMe.com Adv	vertising Fund, Inc.			
DOCUMENT NUMBER:	N01000008476				
The enclosed Articles of An	nendment and fee are subn	nitted for filing.			
Please return all correspond	ence concerning this matter	r to the following:			
Drew Hendrix					
		(Name of Contact Perso	n)		
EmbroidMe.com Inc., d/b/a	Fully Promoted				
		(Firm/ Company)			
2121 Vista Parkway					
		(Address)			
West Palm Beach, FL 3341	1				
	(City/ State and Zip Cod	c)		
dhendrix@ufgcorp.com					
	-mail address: (to be used	for future annual report	notification)	
For further information conc	erning this matter, please o	eall:			
Drew Hendrix	561-640-557 0				
	(Name of Contact Person)	(Aı	rca Code)	(Daytime Telepho	one Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida Depa	artment of S	itate:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & C Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing A	ddress	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

EmbroidMe.com Advertising Fund, Inc.	3. 2
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
	er of Corporation (if known)
	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	lon:
Fully Promoted Advertising Fund, Inc.	The ne
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	25
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2121 Vista Parkway, West Palm Beach, FL 33411
o. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent:	•
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fan	
Si	gnature of New Registered Agent, if changing

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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	nes	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	·	_		· · · · · · · · · · · · · · · · · · ·
Remove				
2) Change	· · · · · · · · · · · · · · · · · · ·	_		
Add				
Remove				
3) Change				
		-		
Add				
Remove			•	
4) Change		_		
Add				
Remove			į	
5) Change		-		
Add				
Remove				·
6) Change				
Add				
Remove				

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The date of each amendment(s) ad	loption:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
•	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date w partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approve	dopted by the members and the number of votes east for the amendment(s	s)
There are no members or meml adopted by the board of directo	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated <u>VANU</u>	10cy 27, 2017	
Signature	/IK	
have not be	rian of Arce chairman of the board, president or other officer-if directors or selected, by an incorporator – if in the hands of a receiver, trustee, or appointed liduciary by that fiduciary)	
	ROBERT POULIOT	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	