## 11020002128

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OCT 27 2014 C. CARKOTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NATIONAL NON-PRO NAME OF CORPORATION:	FIT FOR AMERIC	CANS WITH	DISABILI	ΓΙΕS, INC.	
N02000002128 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are submitted	ed for filing.				
Please return all correspondence concerning this matter to	the following:				
MICHAEL J FAEHNER					
(Na	ame of Contact Per	son)			
M FAEHNER ESQ LLC	<u>∳</u>	j <b>e</b>	•	, R	5) 3
600 BYPASS DRIVE SUITE 100	(Firm/ Company)		» <sup>(2)</sup>	₫°	
<del> </del>	(Address)				
CLEARWATER, FL 33764					
(Ci	ty/ State and Zip C	ode)			
FILINGS@MFAEHNER.COM					
E-mail address: (to be used for	future annual repo	rt notification	)		
For further information concerning this matter, please call	l:				
MICHAEL J FAEHNER	at	727 443 5190			
(Name of Contact Person)	(	Area Code)	(Daytime	Telephone N	iumber)
Enclosed is a check for the following amount made payab	le to the Florida Do	epartment of S	tate:		
(.	\$43.75 Filing Fee & Certified Copy Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Stat ed Copy ional Copy sed)	us	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ame Divi Clift	et Address endment Section sion of Corpor on Building I Executive Co	rations	:	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

NATIONAL NON-PROFIT FOR AMERICANS WITH DISABILITIES, INC.

(Name of Corporation	as currently filed with the Flo	orida Dept. of State)
N02000002128		
(Docur	nent Number of Corporation (if I	known)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not Fo	for Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
GUARDIAN TRUST FOUNDATION, INC.		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		
B. Enter new principal office address, if applica	able:	
	,,	3.6.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	in in the second of the second
		- T)
		폴날 .
D. If amending the registered agent and/or reginew registered agent and/or the new register		i, enter the name of the
Name of New Registered Agent:	MICHAEL J FAEHNER, ESQ	
	600 BYPASS DRIVE, SUITE	100
New Registered Office Address:	•	Florida strect address)
	CLEARWATER	. Florida <sup>33764</sup>
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		of the obligations of the position.
_	Signature of New Regis	stee Agent, if changing

Page 1 of 4

## 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 Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change			 	
Add				
Remove				
2) Change			 	
Add				
Remove				
3) Change		<u> </u>		
Add			,	
Remove				
4) Change				
Add				
Remove				
5) Change				<b>31</b>
Add				
Remove				
6) Change			 	
Add				
Remove				

E. If amending or adding additional Arti (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)		
NONE			
	,		 
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		<u> </u>	 
			<del> </del>
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	······································		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the am was/were sufficient for approval.	endment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) adopted by the board of directors.	was/were
Dated cetha 20, 2015	
Signature fierd) Full	
(By the chairman or vice chairman of the board, president or other officer-it have not been selected, by an incorporator — if in the hands of a receiver, to other court appointed fiduciary by that fiduciary)	
TRAVIS FINCHUM	
(Typed or printed name of person signing)	
grendent.	
(Title of person signing)	