## N03000001186

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:GAVCAG	LR FOUNDATION INCOMPOR
DOCUMENT NUMBER: N 03000	001186
The enclosed Articles of Amendment and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
SEANA WESTCH	ARR - GRAY (Name of Contact Person)
	(Firm/ Company)
1245 FOUR LEAF	LANE (Address)
HOLLIDAYS BURG,	
	hoo, com for future annual report notification)
For further information concerning this matter, please of	ealt:
SEANA WESTCARZ-GRA	drea Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:
\$35 Filing Fee \$1 Certificate of Status	□\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address  Amendment Section	Street Address Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

Articles of facorporation
CHEAR CONTRACTOR AND CONTRACT
GAVCARR FOUNDATION INCORPORATED
(Name of Corporation as currently filed with the Florida Dept. of State)
N 03 00000 1186
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:  NA  The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co," may not be used in the name.
B. Enter new principal office address, if applicable: 1245 Four Leaf Lane
B. Enter new principal office address, if applicable: 1245 Four Leaf Lane (Principal office address MUST BE A STREET ADDRESS)  Hollidaysburg PA 16648
434.227.7355
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 1295 Four Leaf Lane
11 11: 12:15 1.ce PA 16648
176111 Clares 601-11-11-11
434.227.7355
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:
- Table 1
(Florida street address) = 5 %
New Registered Office Address:
Florida $\overline{\omega}$
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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 <math>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.

	•	ĺ	ddress only
Example: X Change X Remove X Add		Changes to a good some some some some some some some some	
Type of Action (Check One)	Title	<u>Name</u>	Address
1)	Diceo	Seara Westran-Gray	Hollidaysburg, PA 16648
2) X Change Add	DIS	Alrich Gray	1245 Four Leaf Lane Hollidays burg, PA 16648
Remove 3) X Change Add Remove	D	Enlie WESTCARR	1245 Four Leaf Lane Hollidaysburg PA 16648
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

(attach additional sheets, if necessary). (Be specific)		
ADDRESS CHANGE FOR DIRECTORS -		
FORMER ADDRESS - 40 Memorial HWY		
Aot 7E		
New Rochelle, NY 10801		
NEW ADDRESS FOR:		
D - GYLIE WESTCARR		
D/CEO - SEANA WESTCARR - GRAY		
DIS - ALRICH GRAY		
1245 FOUR LEAF LANG		
1245 FOUR LEAF LANG HOLLIDAYS BURG PA 16648		

The date of each amendment(s) adoption:	:			
Effective date if applicable:	1/12/12 no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)			
There are no members or members enti- adopted by the board of directors.	itled to vote on the amendment(s). The amendment(s) was/were			
Dated 7/12	12- Westcarr- Gray			
(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)				
	LÜESTCARF- GRAU			
(Typed	or printed name of person signing)			
D/0	20°			
(Title	of person signing)			