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Amend

SEP 3.4 ZEZU LALBRITTON TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE JOHN E	3 Gorrie Foundation Inc.		
DOCUMENT NUMBER: N0300002	723		
The enclosed Articles of Amendment and fee are submitted for	or filing.		
Please return all correspondence concerning this matter to the	following:		
<u>Catherine</u>	MCDONOUGH of Contact Person)		
(Name of	of Contact Person)		
The John B	Gorric Foundation Inc.		
705 L	n de Leon St.		
	N DE LEON St. (Address)		
	a, FL 33606 late and Zip Code)		
(City/ S	tate and Zip Code)		
	e Foundation @ gmail.com		
For further information concerning this matter, please call:			
Tina ScoH-Clark	at 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:		
	ied Copy Certificate of Status tional copy is Certified Copy		
Mailing Address	Street Address		
Amendment Section Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

to Articles of Incorporation of

The John	B Gorrie	Foundation	Inc.
(Name of Corporation as currently filed with the	Florida Dept. of State)		
N03000	200 2723		
(Docun	ent Number of Corporati	on (if known)	
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the		Not For Profit Corporation	adopts the following
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporation" or "incor !	porated" or the abbreviation	n "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>			
			<u> </u>
	 -		·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	B <i>QX</i>)		
		·	
D. If amending the registered agent and/or registered agent and/or the new registered.		loriga, enter the name of the	<u>ne</u>
		De Leon S	igh
	705 N	Dr Leon S	<i>†</i> .
		(Florida street address)	
New Registered Office Address:			27 / N/
	lampa	↑ , Floric (Zip	la 37606
	(City) 1	(Zip	Code)
New Registered Agent's Signature, if changing R			
hereby accept the appointment as registered agent.	. I am familiar with and	accept the obligations of the	position.
	Catherine	Addmenstr	
_	Signature of New	Registered Agent, if changing	ng g

(Attach additional Please note the off P = President; V= Executive Officer;	ch Officer and/or Direc sheets, if necessary) icer/director title by the f Vice President; T= Trea	irst letter of the office title: surer; S= Secretary; D= Director; TR= Tr Officer. If an officer/director holds more th	ustee; C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office
– a change, Mike Joi	noted in the fallowing m nes leaves the corporatio Remove, and Sally Smith,	n, Sally Smith is named the V and S. These s	PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	PT John De V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	Title	Name	Address
1) Change Add	P <u>resid</u> ent	karen Hussey	
2) X Change Add	President	Michael Lynch	705 W DC Leon St. Tampa, FL 33606
Remove 3) Change	<u>VP</u>	Holly Dixon	705 W De Leon St. Tampa, FL 33606
4) Change Add Remove	Treasurer	Tina Scott-Clark	
5) Change Add	Treasurer	<u>Catherine</u> McDonough	705 W De Leonst. Jampa, FL 33604
6) Change Add Remove	ASS F. Tr <u>CaS</u> urch	Duane Clark	705 W. De Leon St. Tampa, FL 33606
E. If amending or (attach additional	adding additional Artic al sheets, if necessary).	eles, enter change(s) here: (Be specific)	

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	م- ماليال	1	2020	_		
The date of each amendment(s) adoption:	June	/_	2020)	1	if other than the
date this document was signed.						
Effective date if applicable:	ore than 90 days	-				
(no m	ore than 90 days	after ar	nendment file (date)		
Note: If the date inserted in this block does not document's effective date on the Department of	meet the applicab State's records.	le statu	tory filing req	uirements, this	date will not be	listed as the
Adoption of Amendment(s) (CII	ECK ONE)					
The amendment(s) was/were adopted by the was/were sufficient for approval.	e members and th	c numb	er of votes cas	st for the amen	dment(s)	

<u> </u>	adopted by the board of directors.
	Dated 7 27 20
	Signature \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	(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)
	Michael Lynch
	(Typed or printed name of person signing)
	President
	(Title of person signing)