N030000 10080

(Dawnested Marse)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
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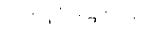


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June 14, 2023

TED WILSON 2915 ISLAND VIEW CIR PANAMA CITY, FL 32405

SUBJECT: THE TED & GERALDINE WILSON FAMILY FOUNDATION, INC.

Ref. Number: N03000010080

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

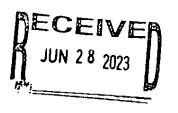
Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shaunteria Cobbs Regulatory Specialist II

Letter Number: 923A00013516



COVER LETTER

, TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: The Ted + C	geraldine Wilso	n Family Foundation, Inc.		
<u>,</u>				
DOCUMENT NUMBER: NO 30000 10 C	280			
The enclosed Articles of Amendment and fee are sub-				
Please return all correspondence concerning this matter	er to the following:			
Ted Wilson				
	(Name of Contact Perso	n)		
	(Firm/ Company)	•		
2915 Island View Circle				
	(Address)			
Panama City, FL 3240	5			
1011ama C11y, 12 3240	(City/ State and Zip Cod	e)		
	(- 3, - 1)	,		
ulle todde a anall com				
Wilson teder @ gmail.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please	call:			
Ted Wilson (Name of Contact Person	at	150-832-3873		
(Name of Contact Person	(A:	rea Code) (Daytime Telephone Number)		
		ca.		
Enclosed is a check for the following amount made pa	ayable to the Florida Dep	artment of State:		
S35 Filing Fee □\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee		
Certificate of Status		Certificate of Status		
	(Additional copy is	Certified Copy		
	enclosed)	(Additional Copy is		
		Enclosed)		
Mailing Address	Street	Address		
Amendment Section	Amendment Section			
Division of Corporations		on of Corporations		
P.O. Box 6327		entre of Tallahassee		
Tallahassee, FL 32314	2415)	N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Tedand Geraldine Wilson Family Foundation Inc	-
(Name of Corporation as currently filed with the Florida Dept. of State)	
N 03000010080	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Co</i> amendment(s) to its Articles of Incorporation:	rporation adopts the following
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the ab	breviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	23 J
(Mailing address <u>MAY BE A POST OFFICE BOX</u>) N / 11	
	₽
	Ν.
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:	, L
Name of New Registered Agent: N/H	
(Florida street a	idress)
New Registered Office Address:	
(City)	Florida (Zip Code)
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 control of the	tions 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 = ChiefExecutive 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, nd Sally Smith SV as an Add

Mike Jones, V as Reme	rve, and Sally Smit	th, SV as an Add.	
Example: X Change X Remove X Add	<u>V</u> <u>Mike</u>	Doe : Jones · Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change X_ Add	<u>D</u>	Joyce Wilson	1531 Logan Court Panama City, FL 32404
Remove 2) Change Add	_D	Ian Schaeffer	6200 Wilsom Blvd. Falls Church, VA 22044
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
51 Change Add			
Remove			
6) Change Add	···		
Remove			
E. <u>If amending or ac</u> (attach additional).	dding additional sheets, if necessar	Articles, enter change(s) here: v). (Be specific)	
		NJA	

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 90) lays after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. (CHECK ONE) Adoption of Amendment(s) \square The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

was/were sufficient for approval.

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