## NO5000007497

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Consideration at the same	F. 000	
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: The Mary Elle	n and Peter Van Lare F	oundation, Inc
DOCUMENT NUM	BER: N05000007497		
The enclosed Articles	s of Amendment and fee are sub	mitted for filing.	
Please return all corre	espondence concerning this matt	ter to the following:	
		y Van lare	
	(Name of	Contact Person)	
	(Firm	n/ Company)	
		emaret Court	
	(1	Address)	
		y, FL 34655	
	(City/ Sta	te and Zip Code)	
	Mary@ E-mail address: (to be use	omjcare.com d for future annual report notific	ation)
For further information	on concerning this matter, please	e call:	
Mary Van Lare		at ( 800 ) 351-100	06
(Name	of Contact Person)	(Area Code & Daytin	me Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	t of State:
\$\overline{\sigma}\$\$ \$35\$ Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

1.1	of	
	TER W. VAN LARE FO thy filed with the Florida Dept. of S	
N050	00007497	
(Document Numb	per of Corporation (if known)	<del></del>
Pursuant to the provisions of section 617.1006, F he following amendment(s) to its Articles of Inc		Profit Corporation adopts
A. If amending name, enter the new name of t	the corporation:	
	N/A	
The new name must be distinguishable and cor		acorporated" or the
B. Enter new principal office address, if application "Corp." or "Inc." "Company" or B. Enter new principal office address, if application of the control of	E BOX)	onter the name of the
new registered agent and/or the new regist		nter the name of the
Name of New Registered Agent:	Mary Ellen Van Lare	
	9140 Demaret Court	
New Registered Office Address:	(Florida street address)	
_	Trinity	, Florida 34655
	(City)	(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 position.

May Ellen Van (Ma Signature of New Registered Agent, if changing

Page 1 of 3

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ n.
			Remove
(attach a	dditional sheets, if necessord article 1 to include:	al Articles, enter change(s) here: ary). (Be specific) not necessarily limited to, providing	scholarships to those
		and in doing so are committed to su	
in the wo	rk that they do.		
- · · · · · · · · · · · · · · · · · · ·			
	_		
			Annual An

The date of each amendment	t(s) adoption: March 31, 2010
Effective date <u>if applicable</u> :	(date of adoption is required)  March 31, 2010
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
✓ There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_Mar	ch 31, 2010
Signature _	Mary Nan Care
hav	y the chairman or vice chairman of the board, president or other officer-if directors ve not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	Mary Van lare
	(Typed or printed name of person signing)
	President
	(Title of person signing)