## NOS000007327

| (Requestor's Name)   |
|--|
| (Address)  |
| (Address)  |
| (City/State/Zip/Phone #)   |
| PICK-UP WAIT MAIL  |
| (Business Entity Name)   |
| (Document Number)  Certified Copies Certificates of Status                         |
| Special Instructions to Filing Officer:  Consulted downsort  by they clus  14-1-12 |

Office Use Only



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Amend Efterindete 11-1-12

DIVISION OF CORPORATIONS
12 OCT 31 PM 2: 04

1/0V 1- 2012 T. ROBERTO

## **COVER LETTER**

| Division of Corporations   |
|--|
| NAME OF CORPORATION: JOSA Giles Foundation, INC  |
| DOCUMENT NUMBER: <u>N0500008327</u>  |
| The enclosed Articles of Amendment and fee are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:  |
| Cynthia Giles (Name of Contact Person)   |
| (Name of Contact Person)   |
| Josh Giles Foundation (Firm/Company)   |
| (Firm/ Company)  |
| 924 Hillglove Lane   |
| (Address)  |
| Aubundale 7/3383.  (City/State and Zip Code)   |
|  |
| cgiles 1054@ aol. com  |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| (Name of Contact Person)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  863-967-0789-hm  Enclosed is a check for the following amount made payable to the Elevide Department of State: |
| (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:  |
| \$35 Filing Fee  |

**Mailing Address** 

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

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| da, enter the name of the  |
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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.

(City)

Signature of New Registered Agent, if changing

Florida

(Zip Code)

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 | PT         John E           V         Mike J           SV         Sally S | ones                           |  |
|----------------------------------|---|--------------------------------|--|
| Type of Action<br>(Check One)    | <u>Title</u>  | Name                           | <u>Addres</u> s  |
| 1) Change Add Remove             | P   | Brandon Giles<br>Archie Sm. 4h | 924 Hillgrove Lane, Hounda<br>(Sece à sed)<br>5327 Cake LWHURS<br>Lakeland & 13785 |
| 2) Change Add                    | T   | Ed Hammerberg                  | 1019 Euclidave<br>Lakeland, 71<br>33801  |
| Add Remove  4) Change            | T   | JOSIAN Giles                   | 924 H. 11910VE L.)<br>Aubvindak, 71<br>33223                                       |
| Add Remove                       | 1   | Tyrhone Clawford               | 108 Beach Dr. Winter Haven   |
| 5) Change Add Remove             | <u>VP</u>   | Cynthia Giles                  | 924 H:11 glove Ln<br>Auburndale 71<br>33027  |
| 6) Change Add Remove             |   |                                |  |
|                                  |   | Dogo 2 of 4                    |  |

| If amending or adding additional Art (attach additional sheets, if necessary). | (Be specific) |          |          |
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| The date of each amendment(s) adoption: 10-29-12 |  |  |  |  |  |
|--|--|--|--|--|--|
| Effe   | ective date if applicable:   |  |  |  |  |
|  | (no more than 90 days after amendment file date)   |  |  |  |  |
| Ada  | option of Amendment(s) (CHECK ONE)   |  |  |  |  |
|  | The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.   |  |  |  |  |
| Ø  | There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.   |  |  |  |  |
|  | Dated 10-29 12 Signature Control Hels  |  |  |  |  |
|  | (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) |  |  |  |  |
|  | Cynthia Giles  |  |  |  |  |
|  | (Typed or printed name of person signing)  All Sells   |  |  |  |  |
|  | (Title of person signing)  |  |  |  |  |