## N05415

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	utional Foundation, Inc.
N05415	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are su	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Jerome M. Meguiar -Secretary/Treasurer	
	(Name of Contact Person)
The Florida Educational Foundation, Inc.	
	(Firm/ Company)
145 W. Davis Blvd.	
	(Address)
Tampa, Florida 33606	
	(City/ State and Zip Code)
jmmloh@aol.com	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Robert J. Meguiar	(813) 766827
(Name of Contact Perso	
Enclosed is a check for the following amount made	payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	
	Change Address

**Mailing Address** 

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

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida)	Dept. of State)	
The Florida Educational Foundation, Inc. N05415		
(Document Numb	per of Corporation (if known	1)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Pro</i>	ofit Corporation adopts the following
A. If amending name, enter the new name of the corporat	tion:	
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or	The new the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	)	101
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<del></del>
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		L'H
D. If amending the registered agent and/or registered offi	on addrass in Florida, anti-	or the name of the
new registered agent and/or the new registered office a		the name of the
Name of New Registered Agent:		
	(Florida	street address)
New Registered Office Address:		
<del></del>	(City)	, Florida (Zip Code)
	·	(
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the c	obligations of the position.
9	ionature 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 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 Dr           V         Mike Je           SV         Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) × Change Add	<u>P</u>	Robert J. Meguiar	3952 Elrod St.  Tampa, Fla. 33616
Remove  2) × Change Add	<u>V</u>	Russell B. Glendinning	4496 Golden Lakes Dr. Sarasota, Fla. 34233
Remove 3) Change Add Remove			
4) Change Add			
Remove 5)ChangeAdd			
Remove 6) Change Add			
Remove		cles, enter change(s) here: (Be specific)	

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		-		
The date of each amendment(s) adoption date this document was signed.	n:	<del>.</del>		, if other than the
Effective date if applicable:	(no more than 90 days	after amendment	file date)	
Note: If the date inserted in this block document's effective date on the Departme	s not meet the applica			

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	8/13/2020
Dated	
Signatur	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	(By the chairman or vice chairman of the board, president or other officer-if director, have not been selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Jerome M. Meguiar
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)  Secretary/Treasurer