Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000363139 3)))



H230003631393ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: FAEHNER PLLC Account Name Account Number : I20170000081 : (727)306-0202 Phone : (727)474-9949 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN UPPER TAMPA BAY CHAMBER EDUCATION FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

rt; Ch

Articles of Amendment to Articles of Incorporation of

UPPER TAMPA BAY CHAMBER EDUCATION	N FOUNDA	TION, INC.			
(Name of Corporation as currently filed with the	he Florida De	pt. of State)		······································	
N06000001552					
(Docu	ment Number	of Corporation	ı (if known)		•
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes,	this <i>Florida N</i>	ot For Profit Co	prporation adopts the	following
A. If amending name, enter the new name of the	ie corporațio	<u>n;</u>			
					The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		n" or "incorpe	orated" or the al	bbreviation "Corp."	
B. Enter new principal office address, if applications of the principal office address MUST BE A STREET	able:				2023 0
				' 	<u> </u>
	_			<u>-</u>	
C. Enter new mailing address, if applicable:					AH IO: O
(Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>				<u> </u>
	_				· •
	-				
D. If amending the registered agent and/or registered agent and/or the new registered	istered office	address in Flo	rida, enter the	name of the	
	23 BOX LL	-			
Name of New Registered Ageni:					
	301 Woodla	nd Pkwy, Suite	#10		
New Registered Office Address		•	(Florida street o	idress)	
	Oldsmar			34677	
		(City)		, Florida (Zip Code)	
		••		(Lip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered A	gent:		inna afaba madain	
i nereby accept the appointment as registered ager	a. Tam jami	iar wan aya ad	Coepi ine obligal	ions of the position.	_
•	Sign	ature of New R	egistered Agent,		-
	ρu	Las ass	e lhe	22 Parch	_

1+230003431393

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 De V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	Title	Name .	<u>Addres</u> s
1) Change Add Remove	TREAS	GERALD CUSTIN	3905 Tampa Road, Unit 395 C
2) Change Add	TRES	TERRI DAVIS-SCULLY	
Remove 3)	SECR_	WENDIE ROEPER	Oldsmar, FL 34677 101 State Street W, Suite 1 Oldsmar, FL 34677
4) Change Add	<u>VP</u>	GERALD JACOBS	Oldsmar, FL 34677
7 Remove 5) Change Add Remove			
6) Change Add			
E. If amending or addin (attach additional shee)	g additional Arti- ts, if necessary).	cles, enter change(s) here: (Be specific)	

10/1	7/2012	14:19:39	

To: 18506176380

Page: 4/5

From: Faehner PLLC

Fax: 7274749949

None		
	·	
		2023 (
		, 123
		(5%) 0
, , , , , , , , , , , , , , , , , , , ,		
	·	
he date of each amendment(s) ac ate this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file o	date)
Note: If the date inserted in this blo locument's effective date on the De	ck does not meet the applicable statutory filing requestrement of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were awas/were sufficient for approve	dopted by the members and the number of votes cas	st for the amendment(s)

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

Tc: 18506176380

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)

JASON SANDERS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

H230003631393