N06000004775

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Anend

C.COULLIETTE

JAN 2 4 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations		
NAME OF CORPORATION: Pinson Fo	undation	, Inc
DOCUMENT NUMBER: NO600004	775	
The enclosed Articles of Amendment and fee are submitte	d for filing.	
Please return all correspondence concerning this matter to	the following:	
Mitzi Thompson		
(Na	me of Contact Person)	
Pinson Foundation, Inc		
	(Firm/ Company)	
146 Dunbar Ave Suite I)	
	(Address)	
Oldsmar, FL 34677		
(Cit	y/ State and Zip Code)
mthompson@pinso E-mail address: (to be used for		
For further information concerning this matter, please call:	•	
Mitzi Thompson	_{at} 813	855-3663
(Name of Contact Person)	(Area Coo	de & Daytime Telephone Number)
Enclosed is a check for the following amount made payable	e to the Florida Depar	tment of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$4 Certificate of Status Certified C (A enclosed)	_	icate of Status Certified Copy
,	,	enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Division Clifton I 2661 Ex	nent Section of Corporations

Articles of Amendment to Articles of Incorporation of

Pinson Foundation, inc	
(Name of Corporation as currently filed with the Florida Dept.	of State)
N06000004775	
(Document Number of Corporation (if kno	own)
fursuant to the provisions of section 617.1006, Florida Statutes, this <i>Flori</i> mendment(s) to its Articles of Incorporation:	ida Not For Profit Corporation adopts the following
. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" or "in "Company" or "Co." may not be used in the name.	corporated" or the abbreviation "Corp." or " Inc."
B. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	12
C. Enter new mailing address, if applicable:	<u></u>
(Muiling address MAY BE A POST OFFICE BOX)	
	<u> </u>
	<u>ප</u> දු
-	
 If amending the registered agent and/or registered office address i new registered agent and/or the new registered office address: 	n Florida, enter the name of the
Name of New Registered Agent:	
Vew Registered Office Address:	t address)
	Pl 11
(City)	, Florida (Zip Code)
	(—·//
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with a	and accept the obligations 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 = 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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add X Remove	D	Traenkner, Andy	146 Dunbar Ave Suite D Oldsmar, FL 34677
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Artic ttach additional sheets, if necessary).	(Be specific)	nge(s) nere			
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Γhe	e date of each amendment(s) adoption: U1/U5/12	
	ective date <u>if applicable</u> : 01/05/12	
	(no more than 90 days after amendment file date)	
۸da	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.	
	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 Signature MM	_
	(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)	
	Michael Pinson	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	