## N060000 10175

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	-
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	





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R. WHITE NOV 2 7 2019



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Legacy Maloff Found	ation, Inc		.,
N06000010175			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
Jose M. Dorante			
(	Name of Contact Pe	erson)	
	(Firm/ Company	y)	
2640 Forest Hill Blvd.			
	(Address)		
West Palm Beach, FL 33406			
(	City/ State and Zip	Code)	
jdorante@mpcipbc.com			
E-mail address: (to be used)	for future annual rep	port notification	)
For further information concerning this matter, please c	ali:		
Jose M. Dorante	at	561	712-8821
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida l	Department of S	state:
\$35 Filing Fee \$\Bigcup \$	3\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi is Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

**Mailing Address** 

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

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

## Articles of Amendment to Articles of Incorporation of

Legacy Maloof Foundation, Inc.	7,2167	22.00
(Name of Corporation as cur	rently filed with the Flori	da Dept. of Stafe) / 2
N06000010175		
(Document Nu	ımber of Corporation (if kn	own)
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	itutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
Brighter Family Center, Inc		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	SS ) N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	office address in Florida, ce address:	enter the name of the
Name of New Registered Agent: N/A		
	(Fle	rida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent: n familiar with and accept .	the obligations of the position.
	Signature of New Registo	red 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Examp  X Ch  X Re  X Ac	ange move	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of (Check	of Action (One)	Title	<u>Name</u>		<u>Addres</u> s
1)	_ Change		N/A		
	Add				
	Remove				
2)	_ Change				
	Add				
	Remove				
3)	Change			- <del></del> -	
	Add				
	Remove				
4)	_ Change		_		
	Add				
	Remove				
5)	_ Change				
	Add				
	Remove				
6) <u> </u>	_ Change				
	Add				
	Remove				

E. If amending or adding additional Arti	icles, enter change(s) here:	
(attach additional sheets, if necessary).	(Be specific)	
N/A		
190		
		<del></del>
1-		

		10-01-2019	
	of each amer document was	ndment(s) adoption:signed.	, if other than the
Effective	date <u>if appli</u>		
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not ate on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)		ent(s) ( <u>CHECK ONE</u> )	
		) was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
		bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	10-01-2019	
	Signature	(Mupper) grante	<u> </u>
	_	(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)	
		Jose M. Dorante	
		(Typed or printed name of person signing)	
		Director	
		(Title of person signing)	