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MAY 12 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ALFRED V. ERNEST FOUNDATION, INC. NO6000011058 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing Please return all correspondence concerning this matter to the following: WILLIAM A. LARSON
Name of Contact Person Firm/ Company 1431 RIVERPLACE BLVD, #1209

Address

JACKSONVILLE, FL 32207

City/ State and Zip Code LARSON WILLIAM 1 @ AOL. COM

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: WILLIAM A. LARSON at (904) 396-4468

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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

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

is enclosed)

Articles of Amendment

FILED 2015 MAY -5 AM 11:27

Articles of Incorporation

ALFRED V. ERNEST F	FOUNDATION, INC SECRETARY OF STATE
(Name of Corporation as	currently filed with the Florida Dept. of State)
N0600001105	
(Document N	umber of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Status Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s) to
If amending name, enter the new name of the corpora	ition:
N /A	The new
	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	1431 RIVERPLACE BLUD,
Principal office address <u>MUST BE A STREET ADDRESS</u>	
	JACKSONVILLE, FL 32207
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1431 RIVERPLACE BLVD
·	JACKSONVILLE, FL 32207
. If amending the registered agent and/or registered off	
new registered agent and/or the new registered office	address:
Name of New Registered Agent	
	RIVERPLACE BLUD., #1207
(F	lorida street address)
1 Aryena	NVILLE Florida 3 2207 (City) (Lip Code)
New Registered Office Address: VACKSO	

N./A		
	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.

X Change	PT John Doe	
X Remove	V <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) X_ Change	CD LACY J. SUTAK	61 BULL ROAD
Add		HARWINTON, CT 06791
Remove		
2) X Change	PD NORMAN E. LARSON	58 VONHURST ROAD
Add		MOULTONBOROUGH NH
Remove		03254
3) K Change	STD WILLIAM A. LARSON	1431 PIVERPLACEBLUD,
Add		JACKSONVILLE, FL
Remove	.,	32207
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
б) Change		
Add		
Remove		

. <u>If ameno</u> (Attach <i>a</i>	ding or adding add additional sheets, if t	itional Articles, et 1ecessary). (Be s	iter change(s) hero pecific)	<u>:</u> :		
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			LALATAT			· · · · · · · · · · · · · · · · · · ·
provisi	nendment provides ons for implementi not applicable, indi	ing the amendmen	reclassification, or t if not contained i	cancellation of iss in the amendment	ued shares, itself:	
	14/17		· a so der adas d		·	- ,
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The date of each amendment(s) adoption: _ date this document was signed.	A May 15		_, if other than th
Effective date <u>if applicable</u> :	A		
	(no more than 90 days after a	amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of		y filing requirements, this date will	not be listed as th
Adoption of Amendment(s) (C	CHECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		rotes cast for the amendment(s)	
☐ The amendment(s) was/were approved by to must be separately provided for each voting.			
"The number of votes cast for the am	endment(s) was/were sufficient fo	or approval	
by	oting group)	.,,	
(v	oting group)		
☐ The amendment(s) was/were adopted by th action was not required.	e board of directors without share	eholder action and shareholder	
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators without sharehold	der action and shareholder	
Dated4/28	/15		A.
Signature	aa Lam !	Sect-Treas - Direct	— —
selected, by an in	esident or other officer – if direct corporator – if in the hands of a r try by that fiduciary)		
	WILLIAM A. LA	PSON	
	(Typed or printed name of person	on signing)	
	SECRETARY - TR	EASURER DIRECTOR	7

(Title of person signing)