N08000007539

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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2011 OCT 19 PH 4: 05
SECRETARY OF STATE
SECRETARY OF STATE

10/0/11

COVER LETTER:

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: 1Voice Found	ation, Inc.	
DOCUMENT NUM	BER: N0800007539		
The enclosed Article	s of Amendment and fee are sul	bmitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
***************************************		Ann Massolio	
	(Name of	f Contact Person)	
	1Voice F	Foundation, Inc,	
····	(Firm	n/ Company)	
	3300 S. D	Pale Mabry Hwy.	
	(.	Address)	
	Tamp	a, FL 33629	
	(City/ Sta	ate and Zip Code)	
		Ivoicefoundation.org	ation)
For further informati	on concerning this matter, pleas	e call:	
Mary Ann Masso	lio	at (<u>813</u>) <u>787-304</u> (Area Code & Daytin	12
(Name	of Contact Person)	(Area Code & Daytin	me Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	t of State:
	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	r Circle

Articles of Amendment to

Articles of Incorporation

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2011 OCT 19 PM 4: 05

	of	ZOLL OPERATOR CO.
1Voice Four	ndation, Inc.	SECRETARY OF STATE
(Name of Corporation as currently	filed with the Flo	rida Dept. of State)
N08000	007539	
(Document Number	of Corporation (if I	nown)
ant to the provisions of section 617.1006, Flor	ida Statutes, this F	orida Not For Profit Corporat

A. If amending name, enter the new name	Incorporation: of the corporatio	<u>n:</u>	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"			corporated" or the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		3300 S. Dale Mabry Hwy.	
		Tampa, FL 33629	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3300 S. Dale Mab	ry Hwy.
		Tampa, FL 33629	
D. If amending the registered agent and/or new registered agent and/or the new reg			nter the name of the
Name of New Registered Agent:	•	Ann Massolio	
	3300 S.	Dale Mabry Hwy.	
New Registered Office Address:		ida street address)	_
		Tampa	, Florida 33629
		(City)	, Florida <u>33629</u> (Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as register			. a the a ca

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)

<u>Title</u>	Name	Address	Type of Action
Past P	Steve Brickner	7702 Industrial Lane Tampa, FL 33637	☐ Add ☑ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
E. If amending (attach addited)	g or adding additional Articles, enter c tional sheets, if necessary). (Be specifi	c)	
		· · · · · · · · · · · · · · · · · · ·	

, The date of each amendment(s) ad	option: October 1, 2011
Effective date <u>if applicable</u> :	(date of adoption is required)
meetive date it applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated_October 4	1, 2011 Rodinaluber
(By the cl	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
	Robyn Huber
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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