N08000007553

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2/26/10

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: dupont Founda	ation, Inc	
DOCUMENT NUM	BER: N08000007553		
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
		Dorsainvil,	
	(Name of	Contact Person)	
	dupont F	oundation, Inc	
	(Firm.	/Company)	
	12321 S	W 252nd Ter.	
<u></u>	(A	Address)	
	Homeste	ead, FL 33032	
	(City/Stat	e and Zip Code)	
		oontfoundation.org d for future annual report notifica	tion)
For further information	on concerning this matter, please	e call:	
Emso Dorsainvil,		at (305) 964-609	7
(Name	of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the Florida Department	of State:
□\$35 Filing Fee	☑ \$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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation

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2010		ED
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TALLAHA L. of State)	SOEE.F.	\$7475
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Dupont Foundation, Inc.

(Name of Corporation as currently filed with the Florida Dep

N08000007553

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

	invil Foundation, Inc	
The new name must be distinguishable and con abbreviation "Corp." or "Inc." <u>"Companv" or</u>		
B. Enter new principal office address, if appli	cable: same	
(Principal office address <u>MUST BE A STREET</u>	ADDRESS)	
C. D. de constant W. a. alde con Constant les		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX) same	
	 	,
D. If amending the registered agent and/or re	gistered office address in Florida	L enter the name of the
new registered agent and/or the new regist		
Name of New Registered Agent:	n/a	
		
N D 100 All		
New Registered Office Address:	(Florida street address)	
New Registered Office Address:	(Florida street address) (City)	, Florida (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with 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)

Title .	Name	Address	Type of Action
	n/a		Add Remove
			_
			Add Remove
E. If amending (attach add	ng or adding additional Articles, enter littional sheets, if necessary). (Be specif	<u>change(s) here</u> : ic)	
· · · · · · · · · · · · · · · · · · ·			

The date of each amend	iment(s) adoption: 02/15/2010
Effective date if applica	(date of adoption is required)
	(no more than 90 days after amendment file date)
1 1 1	
Adoption of Amendmen	nt(s) (CHECK ONE)
The amendment(s) w was/were sufficient for	as/were adopted by the members and the number of votes cast for the amendment(s) or approval.
There are no member adopted by the board	ers or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.
Dated_	02/15/2010
Signat	ure Diff.
·	(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)
	Emso Dorsainvil,
	(Typed or printed name of person signing)
	Executive officer/President
	(Title of person signing)

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