N0900001865

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(City/State	/Zip/Phone #)
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SECRETARY OF STATE TALLAHASSEE FLORIO

2009 NOV 12 PH 12: 00

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: The Tiponi Fo	undation, Inc.	
DOCUMENT NUM	BER: N0900001865		
The enclosed Articles	s of Amendment and fee are sub	mitted for filing.	
Please return all corre	espondence concerning this matt	ter to the following:	
		I A. Camp	<u></u>
	(Name of	Contact Person)	
	The Tiponi	Foundation, Inc.	
	(Firm	/Company)	
	95 Overb	rook Drive East	
	(/	Address)	,
	Largo	o, FL 33770	
,	(City/ Sta	te and Zip Code)	
		5440@aol.com d for future annual report notific	cation)
For further information	on concerning this matter, please	e call:	
Tad A. Camp		at (727 ₎ 584-01	15
(Name	of Contact Person)	(Area Code & Dayt	ime Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the Florida Departmen	nt 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)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle

Articles of Amendment to Articles of Incorporation of

FILED

2009 NOV 12 PM 12: 00

			11112.00
	oni Foundatior		CRETARY OF STATE
(Name of Corporation as cu	urrently filed with t	he Florida Dept Al	SANG SSEE FLORID
N	09000001865		•
	Number of Corporati	on (if known)	
ursuant to the provisions of section 617.10 are following amendment(s) to its Articles o		this <i>Florida Not Fo</i>	or Profit Corporation adop
. If amending name, enter the new nam	e of the corporation	<u>n:</u>	
he new name must be distinguishable and bbreviation "Corp." or "Inc." <u>"Company</u>			
. Enter new principal office address, if a		 	
Principal office address <u>MUST BE A STR</u>	<u>EET ADDRESS</u>)		
. Enter new mailing address, if applica			
(Mailing address MAY BE A POST OF	FICE BOX)		
If amending the registered agent and/o new registered agent and/or the new r			enter the name of the
		<u></u>	
Name of New Registered Agent:			
New Registered Office Address:	(Flori	da street address)	
			, Florida
	***************************************	(City)	(Zip Code)
ny Danistanad Agantia Signatura if the	nging Docistous A		
ew Registered Agent's Signature, if chai hereby accept the appointment as registe osition.			evept the obligations of th
_			
	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
<u>o</u>	Blacklidge, Janis	Post Office Box 9148 Masaryktown, FL 34604	Add Remove
<u>o</u>	Seybert, Bruce	1302 East Woods Drive Seven Points, TX 75143-7606	_ ☐ Add ☑ Remove
Asst. Sec	Camp, Tiffany	95 Overbrook Drive East Largo, FL 33770	_ ☑ Add □ Remove
	ing or adding additional Articles, (ditional sheets, if necessary). (Be		
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	······································	· 	
 .			

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** VP Norris, Donna 339 Highland Drive ____ 🛮 Add ☐ Remove Arlington, TX 76010 ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendmen	t(s) adoption: November 2, 2009
Effective date if applicable:	(date of adoption is required) November 2, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_Nov	ember 2, 2009
Signature	Tal Coff
(By	the chairman or vice chairman of the board, president or other officer-if directors on the been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Tad A. Camp
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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