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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	WELLINGTON	COMMUNITY	FOUNDATION, INC
NAME OF CORPORATION:	NO90000	74287	
The enclosed Articles of Amendmen			
Please return all correspondence con	cerning this matter to the following	:	
M	ICHAEL < a	M 1 TI +	
	Name of Contact	Person)	
	(Firm/ Comp	any)	
101 No	ORTHPOINT PA	HRKWAY	···
WEST	PALM BEAC (City/ State and Z	H, FL 334	07
MSM I E-mail ad	TH @ LESSER dress: (to be used for future annual	LAWFIRM. Coreport notification)	<u>~</u>
For further information concerning the	his matter, please call:		
MICHAEL S.	SMITIT	at <u>561 - 472</u> (Area Code) (Daytime T	-8180
(Name o	of Contact Person)	(Area Code) (Daytime T	elephone Number)
Enclosed is a check for the following	g amount made payable to the Floric	la Department of State:	
\$35 Filing Fee \$\square\$\$43 Cert	.75 Filing Fee & \$\Bigcup \$\\$43.75 Filing F \\ ifficate of Status	Certificate of Statu	
Mailing Address Amendment Section	on	Street Address Amendment Section	

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

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

Articles of Amendment to Articles of Incorporation of

WELLINGTO	ON COMMUN	VITY	FOUNDATION, IN
(Name of Corporation as curre		rida Dept. o	of State)
N09000	004287		
(Document Nun	nber of Corporation (if k	(nown)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Not Fo	or Profit Co	rporation adopts the following
A. If amending name, enter the new name of the corpora	ation:		
			The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporate	d" or the ab	obreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u> .	(2		
			70
			<u> </u>
C. Enter new mailing address, if applicable:			Y 2
(Mailing address MAY BE A POST OFFICE BOX)			· · · · · · · · · · · · · · · ·
			2
			·
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		, enter the	name of the
Name of New Registered Agent:			
	(F	lorida street a	ddress)
New Registered Office Address:			
			, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered leaves the appointment as registered agent. I am		t the obligat	tions of the position.
	- CV - CV		
	Signature of New Regis	uerea Ageni	i. ii 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.

Example: X Change X Remove X Add	PT John Doe V Mike Jon SV Sally Sm	<u>es</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) K Change Add	5	MICHAEL S. SMITH	101 NORTHPOINT PARKWAY SUITE 101
Remove			WEST PALM BEACH, FL 33401
2) Change	VP	ROBBIN LEE	10101 FOREST HILL BLUD, WELLINGTON, FL 33414
Remove 3) Change Add	T	MARIA E. BELKER	12794 FOREST HILL BLVD SUITE 19F
Remove			WELLINGTON, FL 33414
4) Change	VP	MICHAEL S. SMITH	,
Add Remove			· · · · · · · · · · · · · · · · · · ·
5) Change			
Add			
Remove			
6) Change			
Add			NAME OF THE OWN OWN OF THE OWN OWN OWN OWN OWN OWN OWN OWN OWN OWN
Remove			

E. If amending or adding additional Articles, enter change(s) here:						
(attach additional sheets,	if necessary). (Be specific)				
•						
						
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			·			
-						
					<u>. </u>	
						
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				<u> </u>	. 	

The date of each amendment(s) ado date this, document was signed.	ption:^	14Y 3,	2016	, if other than th
Effective date if applicable:	(no more than	144 3, 90 days afte	2016 r amendment file da	ie)
Note: If the date inserted in this block document's effective date on the Department.			atutory filing require	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK O	NE)		
The amendment(s) was/were ado was/were sufficient for approval.	•	ers and the nu	mber of votes cast fo	or the amendment(s)
There are no members or member adopted by the board of directors		on the amend	ment(s). The amend	ment(s) was/were
Dated	/27/16	-	_	
Signature	m/55			
bave not been		corporator – i	d, president or other f in the hands of a reary)	
/	MICHAEL	5. 5.	41TH	
	(Туре	ed or printed	name of person signi	ng)
_ 5	ELREVARY	<i>,</i>		
		(Title o	of person signing)	