

40900000 5555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

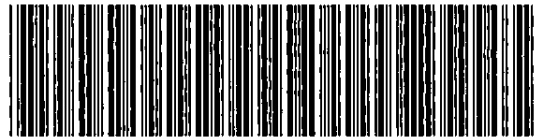
(Business Entity Name)

(Document Number)

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CLERK OF COURT

Amended
10-19-12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HOME HEADQUARTERS FOUNDATION, INC.

DOCUMENT NUMBER: NO9000005555

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pamela Stark Thomas

(Name of Contact Person)

HOME HEADQUARTERS FOUNDATION, INC.

(Firm/ Company)

P.O. Box 2464, 411 South County Road

(Address)

Palm Beach, FL 33480

(City/ State and Zip Code)

Pamelastarkthomas@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Stark Thomas at (561) 351-5012

(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2012

PAMELA STARK THOMAS
NATIONAL ARTS INSTITUTE, INCORPORATED
POST OFFICE BOX 2457
PALM BEACH, FL 33480

SUBJECT: HOME HEADQUARTERS FOUNDATION INCORPORATED
Ref. Number: N09000005555

We have received your document for HOME HEADQUARTERS FOUNDATION INCORPORATED and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Bylaws are not filed with this office. Please retain them for your records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 712A00024792

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HOME HEADQUARTERS FOUNDATION, INC.

DOCUMENT NUMBER: NO900000555, EIN 611596961

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pamela Stark Thomas

(Name of Contact Person)

HOME HEADQUARTERS FOUNDATION, Inc.

(Firm/ Company)

411 South County Road, P.O. Box 2464

(Address)

Palm Beach, Florida 33480

(City/ State and Zip Code)

pamelastarkthomas@comcast.net

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For further information concerning this matter, please call:

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(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
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Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|--|

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Tallahassee, FL 32314

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

HOME HEADQUARTERS FOUNDATION, INCORPORATED

(Name of Corporation as currently filed with the Florida Dept. of State)

HOME HEADQUARTERS FOUNDATION, INCORPORATED

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

411 SOUTH COUNTY ROAD
PALM BEACH, FLORIDA 33480

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 2464
PALM BEACH, FLORIDA 33480

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

(Florida street address)

New Registered Office 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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>P</u>	<u>PAMELA STARK THOMAS</u>	<u>P.O. BOX 2464</u> <u>411 SOUTH COUNTY ROAD</u> <u>PALM BEACH, FL 33480</u>
2) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>VP</u>	<u>KENNETH OHRSTROM</u>	<u>150 CHILEAN AVENUE</u> <u>PALM BEACH, FL 33480</u>
3) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>S</u>	<u>DEBORAH THOMAS BUZZA</u>	<u>1282 WHIMBREL ROAD</u> <u>WELLINGTON, FL 33414</u>
4) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>T</u>	<u>KIMBERLY STARK-WEBBER</u>	<u>315 NORTH LAKE DRIVE</u> <u>LANTANA, FL 33462</u>
5) ____ Change ____ Add ____ Remove	_____	_____	_____ _____ _____
6) ____ Change ____ Add ____ Remove	_____	_____	_____ _____ _____

The date of each amendment(s) adoption: JULY 19, 2012

Effective date if applicable: JULY 19, 2012

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated OCTOBER 18, 2012

Signature

Pamela Stark Thomas

(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)

PAMELA STARK THOMAS

(Typed or printed name of person signing)

TRUSTEE

(Title of person signing)