## N09000011714

| •                    |                         |
|----------------------|-------------------------|
| •                    | (Requestor's Name)      |
| (                    | (Address)               |
| • •                  | (Address)               |
| (                    | City/State/Zip/Phone #) |
| PICK-UP              | WAIT MAIL               |
| (                    | Business Entity Name)   |
| · (                  | Document Number)        |
| Certified Copies     | Certificates of Status  |
| Special Instructions | to Filing Officer:      |
| Special instructions | to Fining Officer.      |





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FILED

Amend

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO  | RATION: Steppy Found                        | ation Incorporated   |   |
|--|---|--|---|
| DOCUMENT NUM   | BER: N09000011714                           |  |   |
| The enclosed Article.  | s of Amendment and fee are sub              | mitted for filing.   |   |
| Please return all corre  | espondence concerning this matt             | er to the following:   |   |
|  |   | a N Russell  |   |
|  | (Name of                                    | Contact Person)  |   |
|  | Steppy Found                                | dation Incorporated  |   |
|  | (Firm                                       | /Company)  |   |
|  | 4535 Will                                   | ow Pond CT E   |   |
| ·····  | . (/  | Address)   |   |
|  | West Palm                                   | Beach, FL 33417  |   |
|  | (City/ Stat                                 | te and Zip Code)   |   |
|  | steppyfounda<br>E-mail address: (to be used | ation@hotmail.com<br>d for future annual report notific  | ation)  |
| For further informati  | on concerning this matter, please           | e call:  |   |
| Andrea N Russel  | 1   | at ( 561 ) 686 340   | 2   |
| (Name  | of Contact Person)                          | (Area Code & Daytin  | ne Telephone Number)  |
| Enclosed is a check t  | or the following amount made p              | ayable to the Florida Departmen  | t of State:   |
| <b> ₹</b> 35 Filing Fee  | Certificate of Status                       | ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  | ☐ \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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** of

|             | F                 |        |         |
|-------------|-------------------|--------|---------|
| 20,         | OMAY 2            | 1/2    | O       |
| ALLA)       | ETARY<br>ASSE     | PAIL   | 2.10    |
| <u>te</u> ) | -ε <sub>ξ</sub> , | FLORIC | E<br>Vi |

| Steppy Foundation Incorporated   | AHASSE OF S |
|--|-------------|
| (Name of Corporation as currently filed with the Florida Dept. of State) | E. F. OAT   |
| N09000011714   |             |
| (Document Number of Corporation (if known)                               |             |

| fursuant to the provisions of section 617.1006, Inche following amendment(s) to its Articles of Inc |                          | r Profit Corporation adopt  |
|---|--------------------------|-----------------------------|
| A. If amending name, enter the new name of  | the corporation:         |                             |
| The new name must be distinguishable and conberviation "Corp." or "Inc." "Company" or               |                          |                             |
| B. Enter new principal office address, if apple Principal office address MUST BE A STREET           |                          |                             |
|   |                          |                             |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC                      |                          |                             |
|   |                          |                             |
| If amending the registered agent and/or re<br>new registered agent and/or the new registered.       |                          | enter the name of the       |
| Name of New Registered Agent:   |                          |                             |
| New Registered Office Address:  | (Florida street address) |                             |
| -   | (City)                   | , Florida<br>(Zip Code)     |
| lew Registered Agent's Signature, if changin hereby accept the appointment as registered osition.   |                          | ccept 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>  | <u>Name</u>  | Address  | Type of Action                        |
|---------------|--|--|---------------------------------------|
| <u>Pres</u>   | Ormond F Russell Jr  | 4535 Willow Pond CT E West Palm Beach FL 33417 | ☐ Add<br>☑ Remove                     |
| Pres          | Andrea N Russell   | 4535 Willow Pond CT E West Palm Beach FL 33417 | ☑ Add<br>□ Remove                     |
| Treas         | Andrea N Russell   | 4535 Willow Pond CT E West Palm Beach FL 33417 | ✓ Add ☐ Remove                        |
| (attach addi  | g or adding additional Articles, enter continuous sheets, if necessary). (Be specific - The specific purpose for which the | c)   | s:                                    |
| Community     | Outreach Services. The Company   | is irrevocably dedicated to 5                  | 01(c)(3)                              |
| exempt purp   | oses and no income/assets of this  | Company shall inure to the                     | benefit                               |
| of any office | . Upon dissolution, assets are to t  | oe distributed to a 501(c)(3) o                | cause                                 |
|               |  |  |                                       |
|               |  |  |                                       |
|               |  |  |                                       |
|               |  |  | <u>-</u>                              |
|               |  |  |                                       |
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|               |  |  |                                       |
|               |  |  |                                       |

| The date of each amendmen                           | t(s) adoption: 05/13/2010  |
|---|--|
| Effective date <u>if applicable</u> :               | (date of adoption is required) 05/13/2010  |
|   | (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   | 5/13/10  |
| Signature   | Andreakulsul   |
| hav   | the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) |
|   | Andrea N Russell   |
|   | (Typed or printed name of person signing)  |
|   | Incorporator   |
|   | (Title of person signing)  |

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