

N10000001446

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6380

\*RE-SUBMIT\*

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

John original filing  
date of submission 8/20

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DEPARTMENT OF  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
MISSION POSSIBLE FOUNDATION, INC.

Certificate of Status	1
Certified Copy	1
Page Count	067
Estimated Charge	\$52.50

*Amend*

14 AUG 20 AM 9:15

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8/22/14

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August 21, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MISSION POSSIBLE FOUNDATION, INC.  
1210 SOUTHWAYS STREET  
DELRAY BEACH, FL 33483

SUBJECT: MISSION POSSIBLE FOUNDATION, INC.  
REF: N10000001446

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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.

Darlene Connell  
Regulatory Specialist III

FAX Aud. #: H14000196803  
Letter Number: 814A00018027

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 8/20

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Mission Possible Foundation, Inc.

DOCUMENT NUMBER: N10000001446

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

Please return all correspondence concerning this matter to the following:

Mary Moran  
(Name of Contact Person)

Mission Possible Foundation, Inc.  
(Firm/ Company)

1210 Southways  
(Address)

Delray Beach, FL 33483  
(City/ State and Zip Code)

mary@missionp.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Moran at 561 414-4036  
(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 type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Articles of Amendment  
to  
Articles of Incorporation  
of

Mission Possible Foundation, Inc.

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

N10000001446

(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)

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

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:

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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

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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)

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>Director</u>	<u>Sarah Bachrot</u>	<u>1210 Southways</u>
<input checked="" type="checkbox"/> Add			<u>Delray Beach, FL 33483</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>Director</u>	<u>Jo Englessen</u>	<u>1210 Southways</u>
<input checked="" type="checkbox"/> Add			<u>Delray Beach, FL 33483</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>Director</u>	<u>Kathy Hill</u>	<u>1210 Southways</u>
<input checked="" type="checkbox"/> Add			<u>Delray Beach, FL 33483</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>Director</u>	<u>Jose Alexzander</u>	<u>1210 Southways</u>
<input checked="" type="checkbox"/> Add			<u>Delray Beach, FL 33483</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>Director</u>	<u>Melissa Johnson</u>	<u>1210 Southways</u>
<input checked="" type="checkbox"/> Add			<u>Delray Beach, FL 33483</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>Director</u>	<u>Anne Violeue</u>	<u>1210 Southways</u>
<input checked="" type="checkbox"/> Add			<u>Delray Beach, FL 33483</u>
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

Please add the word "funding" after word provide in section 1. f)

Please move section 2 paragraph down to section 3, and put paragraph below in section 2:

2. Bring awareness and programs for both social and global issues that affect people worldwide; Such as human, trafficking, organ harvesting, drug addiction, kidnapping, rape, child slavery, bullying and discrimination.

To assist in eradicating those issues by use of film and the arts to promote awareness and partner up with organizations to implement the changes necessary to make the world a safer and more peaceful place to live.

In section Article II Purpose add the word "men" after the word Children, before elerly.

In section 1) add word "men" after children


The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(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 7/14/14 \_\_\_\_\_

Signature   
(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)

Mary Moran  
\_\_\_\_\_  
(Typed or printed name of person signing)

President  
\_\_\_\_\_  
(Title of person signing)