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Amendicc

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: No MUCH PURY FOUNDATION, INC.
DOCUMENT NUMBER: <u>N 1 00000 0 2 1 9 6</u>
The enclosed Articles of Amendment and fee are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Harvin, William III. (Name of Contact Person)
No Mercy Percy Foundation (Firm/ Company)
1434 Rose Crans Lane
Green Cove Springs, F1 32043 (City/State and ZipCode)
Sharvin 3@ i cloud . com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) (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:
S35 Filing Fee S43.75 Filing Fee SCertificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee S43.75 Filing Fee SCERTIFICATION CERTIFICATION CER

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

No Mercy Percy Fox (Name of Corporation as currently	OI (Adaylon) Gled with the	Florida Dent of State	
` <u> </u>	med with the	riorida 12-pt, or state	
	of Corporation ((if known)	_
Pursuant to the provisions of section 617,1006, Florida Statutes, amendment(s) to its Articles of Incorporation:			ving
A. If amending name, enter the new name of the corporation	<u>ı:</u>		
name must be distinguishable and contain the word "corporation "Company" or "Co." may not be used in the name.	n" or "incorpor	The rated" or the abbreviation "Corp." or "In	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u> </u>	2011	-11
C. Enter new mailing address, if applicable:			1761 24
(Mailing address MAY BE A POST OFFICE BOX) -	N.[A		بب ن ن
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	address in Flor	ida, enter the name of the	_
	aboth C	Booke 32 th Ave, Gamesville Fl	 3260
New Registered Office Address:		(Florida street address)	0210
<u></u>		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am fami	gent: lijar with and acc	cept the obligations of the position.	

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	V Mike	Doe : Jones · Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	PD	William Harrin, III	10422 SW 32 Aue. Gainesuille, Fl 321008
2) Change	D	Elizabeth Cooke	10422 SW 32rd Aug. Gainesuille. Fl 32608
3) Change Add Remove		Lintera Hawin	1301 Riverplace Blud. Suite 800 Jacksonville, Fl 32207
4) Change Add Remove	D	Unda Joshua	1434 Rose Crans Lane Green Cove Springs. F 32043
5) Change Add Remove			
6) Change Add Remove			

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

The	e date of each amendment(s) adoption:	, if other than the
date	e this document was signed.	
Eff	Sective date if applicable: November 20, 2018 (no more than 90 days after amendment file date)	
	te: It the date inserted in this block does not meet the applicable statutory filing requirements, this date will cument's effective date on the Department of State's records.	not be listed as the
Ad	option 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 Nov. 20, 2018	
	Signature William Harri III	
	(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)	
	William Harvin III	
	(Typed or printed name of person signing) Director	
	(Title of person signing)	