N1000000 8539

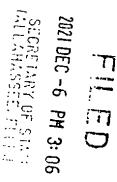
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	DRENS CHARITABLE	FOUNDA	ATION INC
N10000008539 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
TIMOTHY P LINDBLOM			
	(Name of Contact Perso	n)	
GULFCOAST CHILDRENS CHARITABLE FOUN	DATION INC		
	(Firm/ Company)		
201 S LINCOLN AVEENUE			
	(Address)		
CLEARWATER, FL 33756-5821			
	(City/ State and Zip Cod	c)	
TLINDBLOM@GULFCOASTSOFTWARE.COM			
E-mail address: (to be used	for future annual report	notification	n)
For further information concerning this matter, please	call:		
TIMOTHY P LINDBLOM	72 at	7	776-3429
(Name of Contact Person) (A)	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	iyable to the Florida Dep	artment of	State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status		Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is used)
Mailing Address Amendment Section		Address Iment Sect	ion
Division of Corporations		on of Corpo	

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

FILED 2021 DEC -6 PM 3: 06

GULFCOAST CHILDRENS CHARITABLE FOUND	ATION INC	SECRETARY OF CO
Name of Corporation as currently filed with the Flor	rida Dept. of State)	SECRETARY OF ST TALL SHASSET, FLO
N10000008539		
(Document N	Number of Corporation (if know	n)
Pursuant to the provisions of section 617,1006, Florida S mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For P.	rofit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
N/A		The new
name must be distinguishable and contain the word "con 'Company" or "Co." may not be used in the name.	poration" or "incorporated" o	
B. Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADDR</u>	(ESS)	
		1.10
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		<u>.</u>
		
 If amending the registered agent and/or registered new registered agent and/or the new registered of 		ter the name of the
N'/A		
Name of New Registered Agent:		
New Registered Office Address:	(Florida	i street address)
		Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Regist	tered Agent:	
hereby accept the appointment as registered agent. To	ım 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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>D</u>	MOLLY LINDBLOM	721 BRUCE AVENUE CLEARWATER, FL 33767
× Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti ls, if necessary).	icles, enter change(s) here: (Be specific)	
N/A			

	
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The date of each amendment(s) adoption:	other than the
Effective date if applicable:	
Ino more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lidocument's effective date on the Department of State's records.	sted as the
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.	

Dated 12, 2-2021
Signature 7
(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)
TIMOTHY P LINDBLOM
(Typed or printed name of person signing)

(Title of person signing)