(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ddress)	<u></u>		
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
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09/09/14--01003--017 **35.00

COVER LETTER

FORTIS83 FOUNDATION INC 1000000877 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALLEON FOUNDATION INC N PINE ISLAND Rd E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$35 Filing Fee ■\$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

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

οf

FORTISSS FOUR	MATTON INC	<i>^</i> 2/ ₂ /
(Name of Corporation as currently filed	with the Florida Dept. of State)	
N MOOD	000877	
(Document N	Number of Corporation (if known)	
December 1 and 1 a		The second of College Con-
amendment(s) to its Articles of Incorporation:	lorida Statutes, this Florida Not For Profit Corporation	adopts the following
A. If amending name, enter the new name of t	he corporation:	
THE GALLEON	FOUNDATION INC	The new
name must be distinguishable and contain the wo	rd "corporation" or "incorporated" or the abbreviation	"Corp." or "Inc."
"Company" or "Co." may not be used in the na	me.	- 1
B. Enter new principal office address, if applie	cable: 1776 N PINE -	LSCAND ILD
(Principal office address MUST BE A STREET		
	PLANTATION, FL	33322
C. Enter new mailing address, if applicable:		•
(Mailing address <u>MAY BE A POST OFFIC</u>	<u> </u>	
	NI	
•		
	., (2.4)	
D. If amending the registered agent and/or remove registered agent and/or the new regist	gistered office address in Florida, enter the name of the	<u>e</u>
	t	
Name of New Registered Agent:		
	NK	
	(Florida street address)	
New Registered Office Address:		
·	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing		
I hereby accept the appointment as registered ag	ent. I am familiar with and accept the obligations of the	position.
	1	
Signo	ature of New Registered Agent, if changing	
	1	

Page 1 of 4

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	<u>V</u> <u>Mike</u>	Doe e Jones v Smith	·	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	·	·		
Add				
Remove		v	·	
2) Change				
Add		•		
Remove				
3) Change			·	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add	· · · · · · · · · · · · · · · · · · ·			
Remove				

ttach additional sheets, if necess	al Articles, enter change(s) here: ary). (Be specific)	
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The date of each amendment(s) adoption:	, if other than th
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 4/2/2014	
Signature	
(By the chairman or vide thairman 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)	
LINDER G. DougLAS	
(Typed or printed name of person signing) PRESIDENT	
(Title of person signing)	