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(Re	equestor's Name)			
(Ad	ldress)			
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE WAY OU	JT FOUI	NDATION, INC.
DOCUMENT NUMBER: N11000001928		
The enclosed Articles of Amendment and fee are submitted for	filing.	
Please return all correspondence concerning this matter to the fo	ollowing:	
BRETT MIKULEC		
(Name o	f Contact Person)	
PASSARIELLO & STAIANO	CPA PA	4
(Fire	m/ Company)	
2953 W CYPRESS CREEK	RD. #10	1
	(Address)	
FORT LAUDERDALE, FL 33	309	
(City/ St	ate and Zip Code)
GSTAIANO@PSCPA		
E-mail address: (to be used for futur	e annual report n	otification)
For further information concerning this matter, please call:		
BRETT MIKULEC	954	977-0900
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	the Florida Depar	tment of State:
(Addit	5 Filing Fee & led Copy lional copy is sed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division Clifton 1 2661 Ex	Address nent Section n of Corporations Building recutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

THE WAY OUT FOUNDATION, INC.

(Name of Corporation as currently	filed with the Florid	la Dept. of State)			
N11000001928					
(Docu	ment Number of Corp	oration (if known)	<u> </u>	 	
Oursuant to the provisions of section 617.10 nmendment(s) to its Articles of Incorporation	006, Florida Statutes, 1 on:	this <i>Florida Not For</i>	Profit Corporation	on adopts the fo	ollowing
A. If amending name, enter the new nan	ne of the corporation	<u> </u>			
					The new
name must be distinguishable and contain t "Company" or "Co." may not be used in t		n" or "incorporated"	or the abbreviat	ion "Corp." or	"Inc."
B. Enter new principal office address, if Principal office address MUST BE A STI					

C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF			<u>-</u>		141
D. If amending the registered agent and	 	ddress in Florida, c	nter the name of	the	14 HAY 21 PH 12: BB
new registered agent and/or the new	registered office add	ress:			<u> </u>
Name of New Registered Agent:					9
New Registered Office Address:	(Flo	orıda sıreei address)			
			, Florida		
	(City)			(Zip Code)	
New Registered Agent's Signature, if cha hereby accept the appointment as register			e obligations of t	he position.	
	Signature of New Reg	vistered Agent if char	naina		

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	PT John De V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Р	ANDREA RAAB	6559 PLANTATION PRESERVE CIRCLE
X Add			FORT MYERS, FL 33966
Remove			
2) Change	<u>VP</u>	JUDY RAYE	6559 PLANTATION PRESERVE CIRCLE
X Add			FORT MYERS, FL 33966
Remove 3) Change	<u>s</u>	JANINE ORR	2953 W CYPRESS CREEK ROAD
X_{Add}			SUITE 101
Remove			FORT LAUDERDALE, FL 33309
4) Change	<u>VP</u>	TERRY CHRISTENSEN	1901 SW 15TH AVENUE
Add			CAPE CORAL, FL 33991
Remove	_		
5) Change	<u>D</u>	LAVERNE HRABAK	6559 PLANTATION PRESERVE CIRCLE
X Add			FORT MYERS, FL 33966
Remove			
6) Change	S	ROBERT RAAB	6559 PLANTATION PRESERVE CIRCLE
Add			FORT MYERS, FL 33966
X Remove		Page 2 of 4	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
(attach additional sheets, if necessary).	(Be specific)			
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	date of each amendment(s) adoption: this document was signed.	, if other than the
Effe	(no more than 90 days after amendment file date)	
Ado	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 5/16/14	
	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)	
	GIULIO STAIANO	
	(Typed or printed name of person signing)	
	TREASURER	
	(Title of person signing)	