# 1110000000374

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800234322168

05/02/12--01017--004 \*\*43.75

UTVISION OF CORPORAGION

Aminalce Oshila

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Inspiration University Foundation Inc.
DOCUMENT NUMBER: N 11000006374
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Valerie Steut (Name of Contact Person)
Inspiration University (Firm/Company)
10242 NW 4774 St #14 (Address)
Sunise, fl. 33351 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Valerie Start at (954) 805-9178  (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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$\$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

# Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# Articles of Amendment

to
Articles of Incorporation

•			

(Name of Corporation as currently filed	with the Florida Bept of	State)	
(Document Numb	er of Corporation (if known	n)	
cursuant to the provisions of section 617.1006, Finendment(s) to its Articles of Incorporation:	lorida Statutes, this <i>Florida</i>	Not For Profit Corporation adopts	the following
. If amending name, enter the new name of t	he corporation:		
ame must be distinguishable and contain the wo	and "some ovation" on "inno	unovated" on the abbumication "Con	The new
Company" or "Co." may not be used in the na		poralea or the abbreviation Corp	b. or mc.
. Enter new principal office address, if applie Principal office address <u>MUST BE A STREET</u>	cable:		<del></del>
rincipal office adaress <u>MOST BE A STREET</u>	<u>ADDRESS</u> ) 		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			121
(Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>		
	<u> </u>		— 'n
	~ <del>~~</del>		- 3
If amending the registered agent and/or reg new registered agent and/or the new register	<u>gistered office address in I</u> ered office address:	lorida, enter the name of the	
Name of New Registered Agent:			
Vew Registered Office Address:	(Florida street ad	dress)	
		Florida	
<del></del>	(City)	Florida, Florida	
ew Registered Agent's Signature, if changing		Commence of the commence of th	
hereby accept the appointment as registered age	ru. 1 am jamuuar with ana	accept the obligations of the position	on.

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove		<del>.</del>	
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove		<u> </u>	
6) Change Add Remove			

(attach additional sheets, if necessary). (Be specific)

E. If amending or adding additional Articles, enter change(s) here:

Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

	<del></del>	
 		*
<del></del>		

The	e date of each amendment(s) adoption: April 35 3013
Effe	ective date if applicable: April 35 2012
	(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 April 25, 2012
	Signature Valen Show
	(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)
	Valerie Strut (Typed or printed name of person signing)
	CEO (Little of person signing)
	LIMP OF DETSON SIGNING I