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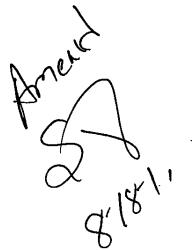
(Requestor's Name)
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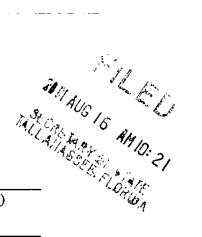


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: THE BRYSON	N FOUN	IDATI	ON COMP	ANY
DOCUMENT NUM	IBER: N11000007267				
The enclosed Article.	s of Amendment and fee are sub	omitted for	filing.		
Please return all corr	espondence concerning this mat	ter to the f	ollowing	g:	
	GEORG	E M. BR	YSON		<u></u>
	(Name of	f Contact P	erson)		
	(Firm	n/ Compan	у)		
	4200 SEBR	RING PK	/ /Y #11	12	
	(1	Address)			
	SEBRI	NG FL.33	3870		
	(City/ Sta	te and Zip	Code)		
	centurior E-mail address: (to be use	nceo@ac		report notifica	ation)
For further information	on concerning this matter, please	e call:			
GEORGE M.BRY	'SON	at (305	5825927	,
(Name	of Contact Person)		(Area (Code & Daytin	ne Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to t	he Flori	da Department	of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certifi	ied Copy tional co sed)	py is	☑ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address Indment Section It ion of Corporations Box 6327 Indexed the section of the section o		Amend Division Clifton 2661 E	Address Idment Section on of Corporatio a Building Executive Center assee, FL 32301	

Articles of Amendment to **Articles of Incorporation** of



THE BRYSON FOUNDATION CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

N11000007267	
)(!Cl)	

N1100000726	
(Document Number of Corpo	ration (if known)
Pursuant to the provisions of section 617.1006, Florida Statuthe following amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corpora	tion:
The new name must be distinguishable and contain the wo abbreviation "Corp." or "Inc." <u>"Company" or "Co." may t</u>	
B. Enter new principal office address, if applicable:	1803 TALMADGE DR. SUITE 09
(Principal office address <u>MUST BE A STREET ADDRESS</u>	CHULA VISTA CA.91915
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4200 SEBRING PKWY #112
	SEBRING FL.33870
D. If amending the registered agent and/or registered office and registered agent and/or the new registered office a	
Name of New Registered Agent:	
New Registered Office Address: (FI	orida street address)
	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
hereby accept the appointment as registered agent. I a position.	m familiar with and accept the obligations of the
Signature of No.	ew 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>VP</u>	JENNIFER BRYSON	4200 SEBRING PKWY# 09 SEBRING FL.33870	
			
			
E. <u>If amend</u> (attach ad	ing or adding additional Articles, enditional sheets, if necessary). (Be s	nter change(s) here: pecific)	
	······································		
			
	,	······································	
·			

The date of each amendmen	t(s) adoption: <u>08-11-2011</u>
Effective date <u>if applicable</u> :	(date of adoption is required) 08-11-2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/wee was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
hav	the chairman of vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, over court appointed fiduciary by that fiduciary)
	GEORGE MORGAN BRYSON
	(Typed or printed name of person signing)
	CHAIRMAN
	(Title of person signing)