

N 1100000 7542

(Requestor's Name)

(Address)

(Address)

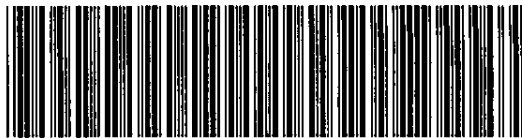
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



200254899472

01/03/14--01012--028 **52.50

Special Instructions to Filing Officer
Jennifer M. Lewis gave permission to strike name in section since the WRP. Name did not change.

Office Use Only

01-17-14

FILED
14 JAN -3 PM 4:58
CLERK OF STATE
TALLAHASSEE FL 32309

Amend

01-21-14

De



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2014

JENNIFER M. LEWIS
CAMP WISDOM FOUNDATION CORPORATION
211 NORTH ABERCORN CIRCLE
BOYNTON BEACH, FL 33436

SUBJECT: CAMP WISDOM FOUNDATION CORPORATION
Ref. Number: N11000007542

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE CLARIFY THE NEW NAME SHOWN IN SECTION "A" OF THE ARTICLES OF AMENDMENT AS IT APPEARS THAT THE OLD AND NEW CORPORATE NAMES ARE BOTH THE SAME.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II

Letter Number: 114A00000881

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Camp Wisdom Foundation Corporation

DOCUMENT NUMBER: N110000007542

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer M. Lewis
(Name of Contact Person)

Camp Wisdom Foundation Corporation
(Firm/ Company)

211 North Abercorn Circle
(Address)

Boynton Beach, Florida 33436
(City/ State and Zip Code)

campwizofsoflo@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer M. Lewis at (305) 906-0611
(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:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$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
of

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

N11000007542

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

~~Camp Wisdom Foundation Corporation~~ The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

211 North Abercorn Circle
Boynton Beach, Florida 33436

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 810003
Boca Raton, Florida 33471

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Jennifer M. Lewis

211 North Abercorn Circle

(Florida street address)

New Registered Office Address:

Boynton Beach, Florida 33436

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Jennifer M. Lewis
Signature of New Registered Agent, if changing

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|---|-------------|--------------------------|--|
| 1) <input type="checkbox"/> Change | <u>CEO</u> | <u>Jennifer M. Lewis</u> | <u>756 W. 1st Street</u>
<u>Riviera Beach, Florida</u>
<u>33404</u> |
| <input checked="" type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>PCFO</u> | <u>Michael McAdams</u> | <u>4311 Ixora Circle</u>
<u>Lake Worth, Florida</u>
<u>33461</u> |
| <input checked="" type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | <u>V</u> | <u>Julian Harrell</u> | <u>6680 Dillman Road</u>
<u>Greenacres, Florida</u>
<u>33413</u> |
| <input checked="" type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | <u>TS</u> | <u>Edna Legister</u> | <u>3540 Whitehall Drive</u>
<u># 203</u>
<u>West Palm Beach,</u>
<u>Florida 33401</u> |
| <input checked="" type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

not applicable

The date of each amendment(s) adoption: December 29, 2013, if other than the date this document was signed.

Effective date if applicable: December 29, 2013
(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 December 29, 2013
Signature Jennifer M. Lewis
(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)

Jennifer M. Lewis
(Typed or printed name of person signing)
CEO, Director
(Title of person signing)