

N11000010380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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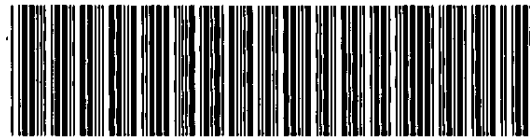
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

SEP 18 2012

C. MUSTAIN

Legal Filings Inc

16830 Ventura Blvd, Suite 360

Encino CA 91436

818-380-1940

F) 818-380-1950

Amendment Section

Division of Corporations

Post Office Box 6327

Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find two copies of Articles of Amendment for **Gift of Pediaquatics Corp.** Enclosed please find a check made out to Florida Department of State for the amount of \$43.75 (\$35.00 for the amendment filing fee and \$8.75 for the certified copy fee).

Please send a stamped copy of the articles to:

Legalfilings.com, Inc

16830 Ventura Blvd, Suite 360

Encino CA 91436

Sincerely,

Nikki Steen

Customer Services

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Gift of PediAquatics Corp.

DOCUMENT NUMBER: N11000010380

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

Please return all correspondence concerning this matter to the following:

Nikki Steen
(Name of Contact Person)

LegalFilings.com, Inc.
(Firm/ Company)

16830 Ventura Blvd., Suite 360
(Address)

Encino, CA 91436-1711
(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nikki Steen at 818 380-1950
(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 checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input 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

Gift of PediAquatics Corp.

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

N11000010380

(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:

_____ 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**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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: _____

(Florida street address)

New Registered Office Address:

_____, Florida
(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.

Signature of New Registered Agent, if changing

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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> |

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|---|--------------|------------------------------|---------------------------------|
| 1) <input checked="" type="checkbox"/> Change | <u>PCEO</u> | <u>Sarah Dodge</u> | <u>2211 S Whitehurst Avenue</u> |
| <input type="checkbox"/> Add | | | <u>Homosassa, FL 34448-2122</u> |
| <input type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>D</u> | <u>Christina Malmberg</u> | <u>7473 S Tommy Point</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Lecanto, FL 34461-7737</u> |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | <u>DS</u> | <u>Dana Galiardo</u> | <u>7140 S Straight Avenue</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Homosassa, FL 34446-3512</u> |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | <u>D</u> | <u>Jennifer Torres Blake</u> | <u>4247 E Commercial Lane</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Inverness, FL 34453-3503</u> |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | <u>TCFO</u> | <u>Arthur Haight</u> | <u>5615 W Murphy Court</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Homosassa, FL 34446-2426</u> |
| <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)

Article III of the Articles of Incorporation is hereby amended to read as follows:

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. The specific purpose of the organization is to provide free basic training of survival swim lessons to underprivileged children from one to five years old.

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 the court of competent jurisdiction of 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.

The date of each amendment(s) adoption: 8-30-12

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 8-30-12

Signature Sarah Dodge
(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)

Sarah Dodge
(Typed or printed name of person signing)

President/CEO
(Title of person signing)