Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ROBINS, KAPLAN, MILLER & CIRESI

Account Number : I20090000063 : (239)430-7070 Phone .

Fax Number : (239)213-1970

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN THE JOE MAUER FOUNDATION, INC.

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T. LEWIS

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COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: The Joe N	/lauer Fou	ndation, INC
DOCUMENT NUMBER: N11000010	563	
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	r to the following:	•
Michael J. Volpe, Esquire	9	
	(Name of Contact Per	son)
Robins, Kaplan, Miller &	Ciresi, L.L	P.
	(Firm/ Company)	
711 Fifth Avenue South,	Suite 201	
• .	(Address)	
Naples, Florida 34102		
	(City/ State and Zip C	rode)
mjvolpe@rkmc.co		
E-mail address: (to be used	-	ort notification)
For further information concerning this matter, please		100 =0=0
Michael J. Volpe	_{et} 239	430-7070
(Name of Contact Person)	(Area	Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida D	epartment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Am Div Clif 266	endment Section ision of Corporations from Building Executive Center Circle lahassee, FL 32301

850-617-6381

2/15/2013 1:34:52 PM PAGE 1/001 Fax Server



February 15, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

THE JOE MAUER FOUNDATION, INC. 711 FIFTH AVE SOUTH STE 201 NAPLES, FL 34102

SUBJECT: THE JOE MAUER FOUNDATION, INC.

REF: N11000010563

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

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.

Thelma Lewis
Document Specialist Supervisor

FAX Aud. #: H13000036577 Letter Number: 113A00003833 2/15/2013 11:40:31 AM PAGE

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February 15, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

THE JOE MAUER FOUNDATION, INC. 711 FIFTH AVE SOUTH STE 201 NAPLES, FL 34102

SUBJECT: THE JOE MAUER FOUNDATION, INC.

REF: N11000010563

 \mathbb{R}^{n}

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Thelma Lewis Document Specialist Supervisor FAX Aud. #: H13000036577 Letter Number: 013A00003809

	Articles of Amenda	CHI.	1.	7/7/ A2/6
	to Articles of Incorpora	ıtlan		TORIOA
•	of			•
The Joe Mauer Foundation ,	Tue .			,
(Name of Corporation as currently filed w		State)		
N11000010563	The last 1 stills Debt Al	*PB2557		
,				
(Document Number	r of Corporation (if know	1)		
ursuant to the provisions of section 617.1006, Flomendment(s) to its Articles of Incorporation:	rida Statutes, this Florida	Not For Profit Corporation	n adopts the following	ng
If amending name, enter the new name of the	a corporation:			
			The see	
ame must be distinguishable and contain the word	i "compration" or "inco	rporated" or the abbreviat	The ne ion "Corp." or "Inc.	
Company" or "Co." may not be used in the name	s.			
i. <u>Enter new principal office address, if applica</u> Principal office address <u>MUST BE A STREET A</u>			~,	
Thiches office man as most at Abitana				
Luter new mailing address, if applicable:		•		
(Mailing address MAY BEA POST OFFICE)	BOX)			
			•	
				
. If amending the registered agent and/or regis	tered office address in I	lorida, enter the name of	the	
new registered agent and/or the new register	ed office address:			
Name of New Registered Agent:	, , ,			
	·			,
	(Florida street ad	dress)		
lew Registered Office Address:				
•	"	791		
	(Clv)	, Florida (Zlp Code)		
	(0.0)	(zip com)		•
ew Registered Agent's Signature, if changing R pereby accept the appointment as registered agent	legistered Agent: 1. I am familiar with and	accept the obligations of t	he position.	
87-y	Nov. Basistanad Acres 16	alaurius		
Signification 1	New Registered Agent, if	timiRiuR		
	Page 1 of 4	•		

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If amending the Officers and/or Directors, exter 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	<u>V</u> <u>Mik</u>	<u>Doe</u> 2 Jones 2 Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	V/D	Madeline Ann Mauer	c/o Thomas K. Drees
XAdd			8300 Norman Center Drive, Ste 1150
Remove			Bioomington, MN 55437
2) Change	<u>T ·</u>	Cynthia M. Desguin	15176 NW 100th Avenue Road
X_Add			Reddick, FL 32686
Remove			
3) Change			
Add		·	
Remove			
4)Change			•
Add			
Remove			
5) Change			
Add		,	
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			·
Add			· · · · · · · · · · · · · · · · · · ·
Remove		Page 2 of 4	

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(Camending or adding addition allowed additional sheets, if necess	vary). (Be s	pecific)				
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ROBINS KAPLAN MILLER PAGE 07/07 (((H13000036577 3)))

The	e date of each amendment(s) adoption	ma: January 30, 2013
RÆ	ective date if applicable:	upon filing
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(no more than 90 days after amandment file date)
Adı	option of Amendment(s)	(CHECK ONE)
	The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)
	There are no members or members of adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were
	Dated 2/12/13	
	Signature faul	
	(By the chairman of have not been sele	or fice thairman of the board, president or other officer-if directors coted, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)
	Joseph P. Ma	uer
	(Тур	ed or printed name of person signing)
	President/Dire	ector
	(Tir	ie of nemon signing)

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