N11000010837

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Jan Stephenson's Cr ON:	ossroads Foundation.	Inc.		
DOCUMENT NUMBER:	N11000010837				
The enclosed Articles of Ar	nendment and fee are sub	omitted for filing.			
Please return all correspond	lence concerning this matt	ter to the following:			
Michael R. Vandiver					
		(Name of Contact P	erson)		
Jan Stephenson's Crossroac	ls Foundation, Inc.				
		(Firm/ Compan	y)		
1100 Tarpon Woods Blvd.					
		(Address)			
Palm Harbor, Florida 3468.	5				
		(City/ State and Zip	Code)		
mvandiver@tarponwoodsg	c.com				
Ţ	-mail address: (to be used	d for future annual re	port notification	1)	<u></u> .
For further information con-	cerning this matter, please	e call:			0
Michael R. Vandiver		at	727	992-1313	20% 3 15 PH 2: 23
-	(Name of Contact Person	1)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the	following amount made pa	ayable to the Florida	Department of	State:	\sim
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	Filing Fee icate of Status led Copy lional Copy is sed)	15 PH 2: 23
Mailing A		Str	reet Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Jan Stephenson's Crossroads Foundation, Inc.

(Name of Corporation as currently filed with th	ie Florida D	Dept. of State)		
N11000010837				
(Docu	ment Numbe	er of Corporation (if kno	wn)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	s, this <i>Florida Not For</i> .	<i>Profit Corporation</i> adopts th	e following
A. If amending name, enter the new name of th	ie corporati	on:		
	-			The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		ion" or "incorporated"	or the abbreviation "Corp."	
B. Enter new principal office address, if applica	able:	1100 Tarpon Woods B	lvd.	
(Principal office address MUST BE A STREET.		Palm Harbor, Ft, 3468;	5	
C. Enter new mailing address, if applicable:				20*
(Mailing address MAY BE A POST OFFICE	<u>(BOX</u>)			~
				_ 55.
D. If amending the registered agent and/or regi	istered offic	e address in Florida e	nter the name of the	<u> </u>
new registered agent and/or the new register			and the hame of the	į,
Name of New Registered Agent:	Michael R	. Vandiver		.,
- The state of the	9517 Alve	ernon Dr.		
	-	(Flori	da street address)	
<u>New Registered Office Address</u>	:			
	New Port	Richey	34655 , Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing	Registered .	Agent:		
I hereby accept the appointment as registered ager	nt. Lam fan	niliar with and accept th	e obligations of the position.	
	Made	IR K	_	
•	Sig	nature of New Register	ed 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)

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	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	Pres.	Jan Stephenson	10128 Hermosillo Dr. New Port Richey, FL 34655
X Remove 2) Change	<u>Dir</u>	Diane M. Vandiver	9517 Alvernon Dr.
Add			New Port Richey, FL 34655
X Remove 5) Add X Remove	Officer	Nancy Mangone	4409 E. Woodside Way Gilbert, AZ 85297
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

•		
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-		
		<u> </u>
-10-10-1		
	 	
	-	·
The date of each amendmen date this document was signed	t(s) adoption: May 01, 2020	, if other than the
Effective date <u>if applicable</u> :	May 01, 2020	
enective date if applicable:	(no more than 90 days after amendment file de	ate)
Note: If the date inserted in the	his block does not meet the applicable statutory filing requi	
document's effective date on t	he Department of State's records.	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	May 01, 2020
Dated	- Le D
Signature	
/	(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)
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)