

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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ALRON ENTERPRISES, INC.

Fax Number

(321) 723-8218

*Enter2 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 GOT RESPECT TOUR FOUNDATION INC

| Certificate of Status | 0 |
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Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment Articles of Incorporation

| | of | |
|--|--|---------|
| GOT RESPECT TO | UR FOUNDATION | |
| (Name of Corporation as currently filed with the Flori | da Dept. of State) | |
| N120000051 | 55 | |
| (Document Number of Chr | oration (if known) | |
| Pursuant to the provisions of section 617.1006, Florida Statutes, amendment(s) to its Articles of Incorporation: | this Florida Not For Profit Corporation adopts the following | |
| A. If amending name, enter the new name of the corporation | <u> </u> | |
| | The new | |
| name must be distinguishable and contain the word "corporatio" "Company" or "Co." may not be used in the name. | n" or "incorporated" or the abbreviation "Corp." or "Inc." | |
| 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 new registered agent and/or the new registered office add | nddress in Florida, enter the name of the dress; | • |
| Name of New Registered Agent: | | |
| New Registered Office Address: | orida street address) | |
| (City) | Florida Programme 3 | moderné |
| | (Zip Code R | 1 1 |
| New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famil | iar with and accept the obligations of the position. | |
| Signature of New Re | gistered Agent, if changing | |
| Pag | ge 1 of 4 | |

| address of each Office (Attach additional shee Please note the officer/ P = President; V= Vice Executive Officer; CFO held. President, Treasu | r and/or E is, if neces: director title President = Chief F rer, Direct | Olrector being added: sary) le by the first letter of the o ; T= Treasurer; S= Secrete linancial Officer. If an officer or would be PTD. | O= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief irector holds more than one title, list the first letter of each office | | | |
|--|--|--|--|--|--|--|
| a change, Mike Jones I | eaves the c | llowing manner. Currently orporation, Sally Smith is a lly Smith, SV as an Add. | y yo nam | nn Doe is listed as the PST and Mike Jones is listed as the V. There is ed the V and S. These should be noted as John Doe, PT as a Change, | | |
| Example: XChange X Remove X Add | <u>PT</u> <u>V</u> <u>SV</u> | John Doc Mike Jones Sally Smith | | | | |
| Type of Action (Check One) | <u>Title</u> | Name | | <u>Addres</u> s | | |
| 1) Change | | _ | | | | |
| Add | | | | | | |
| 2) Change | | _ | <u> </u> | | | |
| Add | | | | | | |
| 3) Change | | 1 | - | | | |
| Remove | | | - | | | |
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| 5)Change | | _ | <u> </u> | · · · · · · · · · · · · · · · · · · · | | |
| Add | | | | | | |
| 6) Change | | <u> </u> | | | | |
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| E. If amending or adding additional Articles, enter change (attach additional sheets, if necessary). (Be specific) |) e(s | here: |
|--|------------|-----------------------------|
| (attach additional sheets, if necessary). (Be specific) | | |
| | | |
| | <u>į</u> _ | |
| AMENDING THE ARTICLES TO REFL | ΕŒ | CT ARTICLE XI, DISSOLUTION. |
| (SEE ATTACHED | 1) | |
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| The | date of each amendment | s) adoption: OCTOE | E | R 28, 2013 | , if other than the |
|------|--|---------------------------|------|---|---------------------|
| | this document was signed. | • | | | |
| Eff | ctive date if applicable: | OCTOBER 28, | 2(|)13 | |
| 2111 | Trappicusse. | (no more than 90 c | ау. | after amendment file date) | _ |
| Ada | ption of Amendment(s) | (CHECK ONE) | | | |
| | The amendment(s) was/we was/were sufficient for ap | | d ti | ne number of votes cast for the amendment(s) | |
| | There are no members or adopted by the board of d | | ar | nendment(s). The amendment(s) was/were | |
| | Dated O | CTOBER 28, 2013 | | | • |
| | Signature | (0) | Z | | |
| | (By-the have n | | rate | board, president or other officer-if directors or if in the hands of a receiver, trustee, or duciary) | |
| | | RONALD HOLI | Y | FIELD | |
| | | (Typed or printed name of | ſр | erson signing) | |
| | | DIRECT | O. | R | |
| | | (Title of perso | ı si | gning) | |

Got Respect Tour Foundation Inc

ARTICLE XI: DISSOLUTION

In the event of dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation 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 undersigned incorporators have executed these Articles of Incorporation October 28, 2013.

Ronald C Hollyfield