N12000005808

(Re	questor's Name)	
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13 AUG -5 PM 4: 53 SECRETARY OF STATE

C. LEWIS

AUG - 8 2013

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Doug Bai	ley Foundat	ion Inc.
DOCUMENT NUMBER: N1200005	808	
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Kathryn Bailey		
	(Name of Contact Person	1)
Doug Bailey Foundation	Inc.	
	(Firm/ Company)	
10339 111th St.		
	(Address)	
Largo, FL 33778		
	(City/ State and Zip Code	e) .
dbf2012@aol.cor		
E-mail address: (to be used	·	notification)
For further information concerning this matter, please	call:	
Kathryn Bailey	_{at (} 727	<u>408-1784</u>
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pr	ayable to the Florida Depa	artment of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation

FILED 13 AUG -5 PM 4: 53

Doug Bailey Foundation Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) N12000005808

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known)

A. If amending name, enter the new name of	f the corporation:		
			The ne
name must be distinguishable and contain the w "Company" or "Co." may not be used in the n		" or the abbreviation "Corp	
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		·····	
·			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
			_
D. If amending the registered agent and/or r new registered agent and/or the new regis		enter the name of the	
Name of New Registered Agent:	stered office address.		
	/P1 · 1 · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	(Florida street address)		
New Registered Office Address:	(City)	, Florida	

Page 1 of 4

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 D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>V</u>	David Flack	1765 Nusery Rd
X Add			Clearwater, FL
Remove			33756
2) X Change	S	Donna Schuelie	1108 S. Missouri Av
Add			#203, Clearwater, FL
Remove			33756
3) X Change	<u>T</u>	Julie McPheron	7529 Olcott Dr.
Add			Wesley Chapel, FL
Remove			33544
4) Change	D	John MacFarlane	5858 5th Ave. S.
X_Add			St. Petersburg, FL
Remove			33707
5) Change	D	John McCloughan	10339 111th St.
X			Largo, FL 33778
Remove			
δ) Change	<u>D</u>	Lou Clendaniel	1301 Biltmore Dr.
X_{Add}			Charlotte, NC
Remove			28207
		Page 2 of 4	

If amending or adding additional Articletach additional sheets, if necessary).	(Be specific)
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The	e date of each amendment(s) ado	ption: April 2, 2013	, if other than the
date	this document was signed.		FILED
Eff	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	13 AUG -5 PM 4: 53
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	The amendment(s) was/were add was/were sufficient for approval.	pted by the members and the number of votes cast for the	
	There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendments.	nt(s) was/were
		A 2013 And or vice chairman of the board, president or other offit selected, by an incorporator – if in the hands of a receive	
		pointed fiduciary by that fiduciary)	,
	Kathryn Ba	iley	
	(Typed or printed name of person signing)	
	President		
		(Title of person signing)	