

N13000000479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

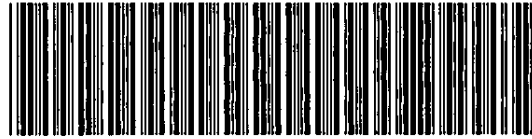
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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4/19/17

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CAPITAL CHARITIES, INC.

DOCUMENT NUMBER: N13000000479

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

Please return all correspondence concerning this matter to the following:

JIM HANDLON

(Name of Contact Person)

BOTTOMLINE PARTNERS

(Firm/ Company)

1200 PERRY WILLIAM DRIVE

(Address)

MCLEAN, VA 22101

(City/ State and Zip Code)

JIMHANDLON@BOTTOMLINE-PARTNERS.COM

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

For further information concerning this matter, please call:

JIM HANDLON

703

821-2327

at

(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 type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2017

JIM HANDLON
1200 PERRY WILLIAM DRIVE
MCLEAN, VA 22101

SUBJECT: CAPITAL CHARITIES INC.
Ref. Number: N13000000479

We have received your document for CAPITAL CHARITIES INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please file the document as either Articles of Amendment or Restated Articles of Incorporation pursuant to applicable Florida Statutes.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 317A00005106

Articles of Amendment
to
Articles of Incorporation
of

CAPITAL CHARITIES, INC.

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

N13000000479

(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:

GOLF AT THE HIGHEST LEVEL FOUNDATION, INC.

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**)

1200 PERRY WILLIAM DRIVE

MCLEAN, VA 22101

C. Enter new mailing address, if applicable:

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

1200 PERRY WILLIAM DRIVE

MCLEAN, VA 22101

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:

New Registered Office Address:

(Florida street address)

(City)

, Florida

(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

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 type="checkbox"/> Change	<u>D</u>	<u>EDWARD MCENROE</u>	<u>631 US HIGHWAY #1 #410</u>
<input type="checkbox"/> Add			<u>NORTH PALM BEACH</u>
<input checked="" type="checkbox"/> Remove			<u>FLORIDA 33408</u>
2) <input type="checkbox"/> Change	<u>D</u>	<u>BRUCE H. LEE</u>	<u>4105 FRANKLIN STREET</u>
<input type="checkbox"/> Add			<u>KENSINGTON, MD 20895</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>CAROLYN B. HANDLON</u>	<u>1200 PERRY WILLIAM DRIVE</u>
<input checked="" type="checkbox"/> Add			<u>MCLEAN, VA 22101</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>JAMES M. LEHMAN</u>	<u>C/O METALIST MGMT, INC.</u>
<input checked="" type="checkbox"/> Add			<u>601 CARLSON PKWY, STE 1290</u>
<input type="checkbox"/> Remove			<u>MINNETONKA, MN 55305</u>
5) <input type="checkbox"/> Change	<u>D</u>	<u>THOMAS LEHMAN</u>	<u>C/O METALIST MGMT, INC.</u>
<input checked="" type="checkbox"/> Add			<u>601 CARLSON PKWY, STE 1290</u>
<input type="checkbox"/> Remove			<u>MINNETONKA, MN 55305</u>
6) <input type="checkbox"/> Change	<u>D</u>	<u>SIMON F. COOPER</u>	<u>POB 579</u>
<input checked="" type="checkbox"/> Add			<u>319 N. MORRIS STREET</u>
<input type="checkbox"/> Remove			<u>OXFORD, MD 21654</u>

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.

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<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 type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>D. TIMOTHY WHITE</u>	<u>1200 NORTH NASH STREET</u> <u>SUITE 849</u> <u>ARLINGTON, VA 22209</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>JAMES SCHLECKSER</u>	<u>10804 RIVERWOOD ROAD</u> <u>POTOMAC, MD 20854</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>HILARY FORDWICH</u>	<u>9714 BEMAN WOODS WAY</u> <u>POTOMAC, MD 20854</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>JAMES SINGERLING</u>	<u>6108 WOODMONT ROAD</u> <u>ALEXANDRIA, VA 22307</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>JERRY WILCOXON</u>	<u>27991 WAVERLY ROAD</u> <u>EASTON, MD 21601</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>SHARI WILCOXON</u>	<u>27991 WAVERLY ROAD</u> <u>EASTON, MD 21601</u>

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)

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<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 type="checkbox"/> Change	<u>D</u>	<u>MICHAEL VELOTTA</u>	<u>1407 THUNDERBIRD ROAD</u>
<input checked="" type="checkbox"/> Add			<u>CHAMPIONSGATE, FL 33896</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>C, CEO</u>	<u>JAMES HANDLON</u>	<u>1200 PERRY WILLIAM DRIVE</u>
<input type="checkbox"/> Add			<u>MCLEAN, VA 22101</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: October 20, 2016, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 4-10-17

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)

JIM HANDLON

(Typed or printed name of person signing)

CHAIRMAN & CEO

(Title of person signing)