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MC EMEND, 8/16/13

COVER LETTER

NAME OF CORPORATION: The Horton Foundation Incorporate	A		
DOCUMENT NUMBER: N13000003164			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Do nothy Morgan (Name of Contact Person)			
The Eva T. Horton Foundation Incorporate	d		
8787 Southside Blud Apt. 5201 (Address)			
JAUKSONUITLE 71 32256 (City/State and Zip Code)			
PASTOR dorothy 77 25 6 4 9400-com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Donathy Morgan at (904) 379-2288 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)			
Marking Address			

Mailing Address

TO: Amendment Section

Division of Corporations

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

Articles of Amendment

Articles of Incorporation of

INE HORTON TOUR	NOCOTION IN CORporated	
(Name of Corporation as currently filed with the F	Florida Dept. of State)	
N30000	3164_	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Stan amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the following	g
A. If amending name, enter the new name of the corpora	ation:	
The Eva T. Horton	FOUNDATION INCORPORT Fine new praction" or "incorporated" or the abbreviation "Corp." or "Inc."	ν
name must be distinguishable and contain the word "corpor <u>"Company" or "Co." may not be</u> used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."	,
	8787 south side Blod	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	S) Apt 5201	
	JACKSONWILLE 71.32756	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 47173	
•	JACKSONVIlle 71	
	32247	
D. If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the	
new registered agent and/or the new registered office	e address:	1515
Name of New Registered Agent:	NA	COMPANIE OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON
	N/A	
New Registered Office Address:	(Fibrida street address)	O
	N/A Florida 定两	
(Cit	ty) / (Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am		
	N/A	
Signature of Ne	ew Registered Agent, if changing	

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 Doe V Mike Jone SV Sally Smit	es		
Type of Action (Check One)	<u>Title</u> <u>1</u>	<u>Name</u>	<u>Addres</u> s	
1) Change		N/A		
Add		, , , , , , , , , , , , , , , , , , ,	4	<u></u>
Remove				
2) Change		N/A		
Add		,		
Remove		A. 1.A		
3) Change	 -	N/A		
Add		1		
Remove				
4) Change		NA		
Add		·	***	
Remove				
5) Change		NA		
Add		·		
Remove		N . 1		
6) Change		1V/A		<u></u>
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
UNder Article III The Sepcipe Purpose For Which This Corporation is organized is.
NE Have a passion in our hearts To help The Homeless, The Veterans, And The Youth OF Jacksonville FL And Surrounding Areas. By Providing Looms, Housing, Meals, Clothes, work Shops, And a Miracle Camp For Summer And all year Use.

The date of each amendment(s) adoption: 04/3/20/3	, if other than the
Effective date if applicable: 03/27/2013 (no)more than 90 days after amendment file date)	
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.	
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)	
Typed or printed name of person signing) President (FO) (Title of person signing)	,