## (U)

## N13000009294

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

..

NAME OF CORPORATIO	The Fund for Chari	table Development, Ir	ıc.	
DOCUMENT NUMBER: _	S13000009294			
The enclosed Articles of Ame				
Please return all corresponder	ace concerning this mat	ter to the following:		
Dr. Lee Bollin				
		(Name of Contact Pe	erson)	
The Fund for Charitable Dev	elopment, Inc.			
		(Firm Company	··)	
2706 Ait 19 N.	(Mailing ad	dress: 495 Alt 19, No.	1347, Palm H	arbor, FL, 34682)
		(Address)		
Palm Harbor, FL. 34683				
		(City/ State and Zip)	Code)	
admin@fedcares.org				
E:-1	nail address: (to be use	d for future annual rep	oort notification	n)
For further information conce	rning this matter, pleaso	e cath		
Lee Bollin		at		530 5073 x2
()	Name of Contact Person	1)		(Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made p	ayable to the Florida t	Jepartment of	State:
□ \$35 Filing Fee	■S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi s Certifi	) Filing Fee icate of Status ied Copy tional Copy is used)
Mailing Ad Amendment			ect Address tendment Secti	ion

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

The Fund for Charitable Development, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N13000009294 (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: Note: Compound word, F. G. and I are capital letters. name must be distinguishable and contain the word "corporation" or 'mcorporated" or the abbreviation "Corp," or "Inc." "Company" or "Co," may not be used in the name. NAB. 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: tl'lorida street addressi New Registered Office Address: ...., 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 = Chie 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
Remove			
2) Change Add			
Remove  3 ) Remove  Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or addin</u> (attach additional sheet	g additio s, if nece	nal Articles, enter change(s) here: ssary).— (Be specific)	
Organizized for any of the	: followir	g purposes: Educational, charitable, Public, Society	Benefit, Multipurpose and
		nising and/or Fund Distribution.	

		<del></del>
		<del></del>
		<del></del>
	09/30/2024	
The date of each amendment(s) adoption: date this document was signed.		if other than
Effective date if applicable:	o more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

1.

adopted by the boa	ard of directors.
Dated	09/30/2024
	1-1-P11.
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)
	Lee Bollin
	(Typed or printed name of person signing)
	CEO/Executive Director
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were