## N13000009510

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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SECRETARY OF STATE

APPROVED

C. LEWIS

NOV 2 5 2013

EXAMINER

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Cleat F.E	.E.T Inc.			
DOCUMENT NUMBER: N13000009510				
The enclosed Articles of Amendment and fee are sub-	mitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
Jean Paul				
	(Name of Contact Person	1)		
Cleat F.E.E.T Inc				
	(Firm/ Company)			
1044 Tolkien Lane				
	(Address)			
Jacksonville, Fl. 32225				
(City/ State and Zip Code)				
jean_paul54@yal		notification)		
For further information concerning this matter, please	•	,		
Jean Paul	<sub>at</sub> 904	982-7612		
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 Filing Fee □\$43.75 Filing Fee & 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 ment Section n of Corporations Building xecutive Center Circle assee, FL 32301		

APPROVED AND FILED

## Articles of Amendment to Articles of Incorporation of

13 NOV 20 PM 1:44

Cleat Feeding Encouraging			SECRETA TALLAHA	ARY OF
(Name of Corporation as currently filed	d with the Flo	orida Dept. of State)	, 150 C. 141 Ad	9355, F
N13000009510				
(Document	Number of Co	orporation (if known)		
Pursuant to the provisions of section 617.1006, I amendment(s) to its Articles of Incorporation:	Florida Statute	es, this Florida Not For Profit	Corporation adopts the f	òllowing
A. If amending name, enter the new name of	the corporat	ion:		
Cleat F.E.E.T Inc.		•		The new
name must be distinguishable and contain the wi "Company" or "Co." may not be used in the na		tion" or "incorporated" or the		
B. Enter new principal office address, if appl	licable:			
Principal office address <u>MUST BE A STREET</u>		)		
		·		
			<del></del>	
Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFIC</u>	E BOX)			
		<del></del>		
			•	
			,	
<ol> <li>If amending the registered agent and/or re new registered agent and/or the new regist</li> </ol>			e name of the	
		<del></del>		
Name of New Registered Agent:	<del></del>		<del></del>	
		VCI - 1	<del></del>	
New Registered Office Address:	(	(Florida street address)		
		ri		
	(City)	, FI	orida(Zip Code)	
The Providence LA Color of the Color			(isip coup)	
ew Registered Agent's Signature, if changing thereby accept the appointment as registered ago	g Registered . gent. I am fan	<b>Agent:</b> niliar with and accept the oblig	zations of the position.	
Sime	ature of New 1	Registered Agent, if changing		
Signi	anne of wew !	registered Agent, ij 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: 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>	<u>Addres</u> s
1) Change		·	
Add			
Remove			
2) Change	<u></u>	<u> </u>	
Add			
Remove			
3) Change			
Add			
Remove			
1) Change		,	
Add			
Kemove			
5) Change	·		<u> </u>
Add			
Remove			
(i) Change			
Add			
Remove			

## E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

Article III being amended, added (A) CleatF.E.E.T. is organized exclusively
for charitable and educational purposes under section 501(c)(3) of
the Internal Revenue Code. (B) Notwithstanding any other provision
of these articles, said organization is organized exclusively for charitable and
educational purposes, including, for such purposes, the making of distributions
to organizations that qualify as exempt organizations under section
501(c)(3) of the Internal Revenue Code, or corresponding section of any
future federal tax code. (C) Upon the dissolution of the organization
assets shall be distributed for one or more exempt purposes within
the meaning of section 501(c)(3) of the Internal Revenue Code, or shall
be distributed to the federal government, or to a state or local government, for
a public purpose.
·

•	APPROVEU =
The date of each amendment(s) adoption:	AND FILED if other than the
date this document was signed.	13 NOV 20 PM 1: 45
Effective date if applicable:	SECRE TARY OF
(no more than 90 days after amendment file da	SECRETARY OF STATE the TALLAHASSEE, FLORIDA
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for was/were sufficient for approval.	or the amendment(s)
There are no members or members entitled to vote on the amendment(s). The amend adopted by the board of directors.	lment(s) was/were
Dated	
Signature	
(By the chairman or vice chairman of the board, president or other have not been selected, by an incorporator – if in the hands of a reother court appointed fiduciary by that fiduciary)	
JEAN FAUL	
(Typed or printed name of person signing)	
FOUNDER / PRESWENT	
(Title of person signing)	