

N1400000/692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

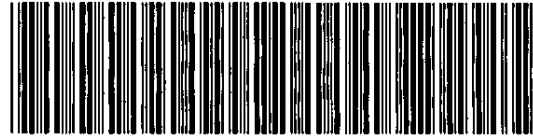
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/06/14--01002--011 **35.00

14 APR 28 PM 4:55

FILED

Amend.
5/6/14
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

14 APR 28 AM 8:21

FILED IN THE OFFICE
OF THE CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

April 9, 2014

JOSEPH NIXON
WHAT'S YOUR GPA INC
2700 BAYSHORE BLVD.
DUNEDIN, FL 34698

SUBJECT: WHAT'S YOUR GPA INC
Ref. Number: N14000001692

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

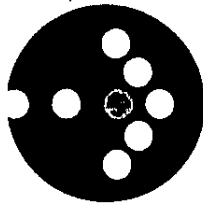
Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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.

Darlene Connell
Regulatory Specialist II

Letter Number: 914A00007671



What's Your GPA?

Goal, Plan, Action

2700 Bayshore Blvd

Dunedin FL 34698

(727) 466-1492

joenixoncpa@gmail.com

Division of Corporations
Amendment Section
PO Box 6327
Tallahassee FL 32314

Re: What's Your GPA Inc.

Document Number N14000001692, FEI/EIN Number 46-482839

To whom it may concern:

Please change the name of our Vice President from Miriam Benitez-Nixon to Miriam Benitez. Although married to Joseph Nixon, Miriam has never legally changed her name and her personal identification reads Miriam Benitez.

If there are questions or concerns, please call me at (917) 304-8459.

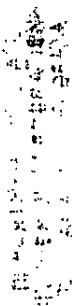
Thank you,

Joseph Nixon

President

RECEIVED

14 APR -7 PM 3:37



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WHAT'S YOUR GPA INC

DOCUMENT NUMBER: N14000001692

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

Please return all correspondence concerning this matter to the following:

JOSEPH NIXON
(Name of Contact Person)

WHAT'S YOUR GPA INC
(Firm/ Company)

2700 BAYSHORE BLVD #556, DUNEDIN FL 34698
(Address)

DUNEDIN FL 34698
(City/ State and Zip Code)

JOENIXONCPA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH NIXON at 917, 304-8459
(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 checked="" 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 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

Articles of Amendment
to
Articles of Incorporation
of

WHAT'S YOUR GPA INC

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

N14000001692

(Document Number of Corporation (if known))

FILED
14 APR 28 PM 4:55

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:

_____ 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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2700 BAYSHORE BLVD #556
DUNEDIN FL 34698

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: _____

(Florida street address)

New Registered Office Address: _____

_____, Florida _____
(City) (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>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>MIRIAM BENITEZ-NIXON</u>	<u>2700 BAYSHORE BLVD #556</u> <u>DUNEDIN FL</u> <u>34698</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>MIRIAM BENTTEZ</u>	<u>2700 BAYSHORE BLVD #556</u> <u>DUNEDIN FL</u> <u>34698</u>
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	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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: 4-23-14, if other than the date this document was signed.

Effective date if applicable: 4-23-14
(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.

Dated 4-23-14

Signature Joseph Nixon

(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)

JOSEPH NIXON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)