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COVER LETTER :

TO: Amendment Section : Division of Corporations

Division of Corporation	is t			:	
NAME OF CORPORATION	Annette J. Sawicki Fo	oundation, Inc.	···	· 	_
DOCUMENT NUMBER:	N14000006061				_
The enclosed Articles of Am	endment and fee are subm	itted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
John Davis					
	(Name of Contact P	erson)		-
		(Firm/ Company	y)		_
3208 E. Colonial Drive					
		(Address)		and the second s	_
Orlando, Florida 32803					
	(City/ State and Zip	Code)		_
john@cflmillwork.com					
E	-mail address: (to be used t	for future annual re	port notification	n)	_
For further information conc	erning this matter, please c	all:			
Geoff Hoatson		at	407	574-8125	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)	_
Enclosed is a check for the f	ollowing amount made pay	able to the Florida	Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & L Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif (Addi	0 Filing Fee ficate of Status fied Copy fitional Copy is fied)	

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

Annette J. Sawicki Foundation, Inc.

Affiliette J. Sawicki Foundation, Inc.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
N14000006061	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	on:
	The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 new registered agent and/or the new registered office a	
	uuress.
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	Clouida
	, Florida
New Degistered Agent's Signature if shanging Degistered	Acont
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: niliar with and accept the obligations of the position,
	بن ب
Si	ignature 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 <math>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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			**************************************
Remove			
6) Change			
Add			
Remove			**************************************

(Be specific)
<u> </u>
1 1000

	e date of each amendment(s) adoption:	, if other than the
aate	e this document was signed.	
Effe	ective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not sument's effective date on the Department of State's records.	be listed as the
Ada	option of Amendment(s) (<u>CHECK ONE</u>)	
	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 7 10 15	
	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)	_
	Geoff Hoatson	
	(Typed or printed name of person signing)	
	Incorporator	
	(Title of person signing)	