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COVER LETTER

TO: Amendment Section Division of Corporations

| THE PI | NK BOW FOUNDATI | ON, INC | | | |
|--|--|---------------------------|----------------------|--|--|
| N14000010 | 502 | | | | |
| DOCUMENT NUMBER: | | | | | |
| The enclosed Articles of Amendment an | d fee are submitted for f | iling. | | | |
| Please return all correspondence concern | ing this matter to the fol | llowing: | | | |
| MARCELLA IMBESI | | | | | |
| | (Name of | Contact Person) | | | |
| | | | | | |
| | (Firm | / Company) | | | , , |
| 1825 NATURE COVE LANE | | | | | |
| | (A | Address) | | | |
| CLERMONT, FL 34711 | | | | | |
| The second of th | (City/ Stat | e and Zip Code |) | | ······································ |
| MARCELLA.IMBESI@GMAIL.COM | | | | | |
| E-mail addres | s: (to be used for future | annual report no | otification |) | |
| For further information concerning this n | natter, please call: | | | | |
| MARCELLA IMBESI | | 352 at | | 250-4776 | |
| (Name of Co | ontact Person) | | a Code) | (Daytime Telepho | one Number) |
| Enclosed is a check for the following am | ount made payable to th | e Florida Depar | tment of S | State: | |
| | Filing Fee & \$\sum \$\sum \text{\$\sum \text{\$\sin | d Copy onal copy is | Certifi Certifi | Filing Fee cate of Status ed Copy ional Copy is sed) | |
| Mailing Address Amendment Section | | <u>Street A</u> Amendn | ddress nent Secti | on | |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



THE PINK BOW FOUNDATION, INC

16 GEC -5 PM 3:21

| | urrently filed with the Florida D | ept: of State) |
|---|--|--------------------------------------|
| N14000010602 | | |
| (Document | Number of Corporation (if known) | |
| ursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation: | Statutes, this <i>Florida Not For Proj</i> | fit Corporation adopts the following |
| . If amending name, enter the new name of the cor | poration: | |
| | | The nev |
| ame must be distinguishable and contain the word "co Company" or "Co." may not be used in the name. | rporation" or "incorporated" or t | he abbreviation "Corp." or "Inc." |
| i. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDI</u> | RESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> |) | |
| | | |
| | | |
| | | |
| If amending the registered agent and/or registered new registered agent and/or the new registered o | | the name of the |
| Name of New Registered Agent: | | |
| crame of their negative angent. | | |
| | (Florida s | treet address) |
| New Registered Office Address: | | |
| | | , Florida |
| | (City) | (Zip Code) |
| ew Registered Agent's Signature, if changing Regishereby accept the appointment as registered agent. I | | bligations of the position. |
| | | |
| | Signature of New Registered A | 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: X Change X Remove X Add | <u>PT</u> <u>V</u> <u>SV</u> | John Do Mike Jon Sally Sm | <u>nes</u> | |
|----------------------------------|------------------------------------|---------------------------------|---------------|--------------------|
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) Change | D | | MELANIE CRAFT | 4400 ARUBA BLVD |
| Add | | | | CLERMONT, FL 34711 |
| X Remove | | | | |
| 2) Change | | _ | | |
| Add | | | • | |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| (Change | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| | | | | |
| Remove | | | | |

| E. If amending or adding additional Art (attach additional sheets, if necessary). | (Be specific) |
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| ine date of each amendment(s) adoption: | , if other than the |
|--|---------------------|
| date this document was signed. | |
| 11/19/16 Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records. | be listed as the |
| Adoption 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 11/29/16 | |
| Signature Cucle A | <u> </u> |
| (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) | |
| MARCELLA IMBESI | |
| (Typed or printed name of person signing) | |
| DIRECTOR | |
| (Title of person signing) | |