

N14000010953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400291641714

400291641714
11/01/16--01020--001 **43.75

Ne

NOV 02 2016

R. Wm...

FILED
16 NOV -1 PM 2:47
SECURITY
TALLAHASSEE, FL

PO Box 135
Largo, FL 33779

22 October 2016

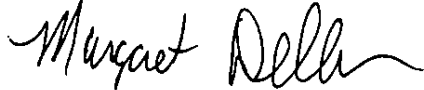
Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sirs,

Several mistakes were made when we filed our Articles of Incorporation this year including accidentally filing as a for profit business.

We took the corrective actions and the for-profit entity should be dissolved. We also filed an affidavit to allow our not-for-profit to use the name of this accidentally created for-profit corporation. A copy of this document is enclosed.

Thank you,

A handwritten signature in black ink, appearing to read "Margaret Deller", with a stylized flourish at the end.

Margaret Deller for Worker Bees Business Services
Treasurer, Real Pay It Forward
727-455-9219
wrkrbees@gmail.com

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Real Pay It Forward Pinellas Inc.

DOCUMENT NUMBER: N14000010953

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

Please return all correspondence concerning this matter to the following:

Margaret Deller

(Name of Contact Person)

Worker Bees Business Services, LLC

(Firm/ Company)

PO Box 135

(Address)

Largo, FL 33779

(City/ State and Zip Code)

payitforwardpinellas@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margaret Deller

727

455-9219

at

(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 type="checkbox"/> \$35 Filing Fee | <input checked="" 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

FILED

16 NOV -1 PM 2:47

The Real Pay It Forward Pinellas, Inc

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

N14000010953

(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:

Real Pay It Forward, Inc.

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**)

1863 Springtime Ave

Clearwater, FL 33755

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:

1863 Springtime Ave.

(Florida street address)

New Registered Office Address:

Clearwater

(City)

, 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 = 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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>VP</u>	<u>Wanda Hargrove</u>	<u>1863 Springtime Ave.</u>
<input type="checkbox"/> Add			<u>Clearwater, FL 33755</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>Maryanne Benedict</u>	<u>3144 33rd Ave.</u>
<input type="checkbox"/> Add			<u>St. Petersburg, FL 33713</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

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

[illegible]

*The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 be listed as the document's effective date on the Department of State's records.

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 10/22/16

Signature Margaret Deller

(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)

Margaret Deller for Worker Bees Business Services, LLC

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

AFFIDAVIT

The State of Florida

)

) S.S.

County of Pinellas

(

(

I Margaret Deller on behalf of Worker Bees Business Services, Treasurer Real Pay It Forward, Inc., of Clearwater make oath and say that:

Real Pay it Forward, Inc.(FL Document # P15000037739), a for-profit company, agrees to irrevocably and in perpetuity release the name of Real Pay It Forward, Inc. to The Real Pay It Forward Pinellas, Inc. a not-for-profit company (FL Document # N14000010953) on 28 September 2015 or when the for-profit entity is officially dissolved by the State of Florida.

)

)

SUBSCRIBED AND SWORN TO BEFORE ME

1

on the 28th day of September, 2015

)

CHRISTINE DELOACH
Notary Public, State of Florida
My Comm. Expires October 22, 2018
No. FF FF 170761

)

)

My Comm. Ex. No. 1

NOTARY PUBLIC

1

NOTARY PUBLIC

)

My Commission number:

)

My Commission expires:

)

FFFF 170761
10/22/18

Margaret Bell

Margaret Deller

Treasurer