N1500000105

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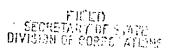
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	NEW SANFORD IN	ITATIVE INC.			
DOCUMENT NUMBER:	N15000000105				
The enclosed Articles of Am	endment and fee are subn	nitted for filing.	*		
Please return all corresponde	ence concerning this matte	r to the following:			
COURTNEY D LANIER					
		(Name of Contact Per	rson)		
NEW SANFORD INITATI	VE INC.				
		(Firm/ Company)	1		
PO BOX 1481					
		(Address)			
SANFORD ,FL 32772					
		(City/ State and Zip C	ode)		
NEWSANFORD@GMAIL.					
E	-mail address: (to be used	for future annual repo	ort notifi	cation)	
For further information conc	erning this matter, please	call:			
COURTNEY D LANIER		at	407	308-2831	
	(Name of Contact Person))	(Area C	ode) , (Daytime Telephone Number))
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida De	epartme	nt 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 A	ddress	Stre	et Add	ress	

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



NEW SANFORD INITIATIVE INC.

15 NOV 12 AM 10: 53

(Name of Corporation as curr	ently filed with the Florida Dept. of Stat	<u>e)</u>
N15000000105		
(Document Nur	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	ates, this Florida Not For Profit Corporat	ion adopts the following
A. If amending name, enter the new name of the corpor	ation:	
N/A		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbrevia	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRES</u>	(2	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		6.1
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		of the
N/A		
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:	(* (* * * * * * * * * * * * * * * * * *	
N/A	, Fl	lorida
		(Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations o	f the position.
	Signature of New Registered Agent, if cha	anging

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	<u>V</u> <u>M</u>	hn Doe ike Jones Illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DIR	CHARLES LOWERY	PO BOX 1481
Add			SANFORD ,FL 32772
x Remove			
2)Change	DIR	COREY JOHNSON	PO BOX 1481
Add			SANFORD,FL 32772
X Remove			
3) Change	<u>s</u>	LEKESHIA HAMPTON	PO BOX 1481
Add			SANFORD, FL 32772
X Remove			
4) X Change	<u>P</u>	COURTNEY D LANIER	PO BOX 1481
Add			SANFORD,FL 32772
Remove			
5) Change	VP	JULIUS RINGLING	1570 HOWLAND BLVD
X Add			DELTONA,FL 32738
Remove			
6) Change	VP	TRAVIS PERKINS	1443 MARA CT
X Add			SANFORD,FL 32771
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) PLEASE CHANGE ARTICLE III			
PLEASE SEE ATTACHED			

Attachment to

Articles of Incorporation of

New Sanford Initiative Inc.

ARTICLE III - PURPOSE

The business, if granted corporate status will commence its operation as a non-profit charitable, health, fitness, physical education, personal growth and educational organization operating in the state of Florida. The intent of this corporation is to provide projects and programs for the under privileged youth and veterans that implement sustainable employability programs that improve, transform, and inspire the minds of residents in Seminole County. Our vision is that one day every person in Seminole County will have the opportunity to achieve his/her fullest potential.

The	e date of each amendment(s) adoption	\$, if other than
date	e this document was signed.		NIVERSE THE STATE OF STATE
Effe	ective date <u>if applicable</u> :		THOUSA US CHARCHARINE
		(no more than 90 days after amendment file date)	15 NOV 12 AM 10: 53
	te: If the date inserted in this block doe ument's effective date on the Departme	s not meet the applicable statutory filing requirement of State's records.	
Ada	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the	e amendment(s)
=	There are no members or members en adopted by the board of directors.	titled to vote on the amendment(s). The amendmen	t(s) was/were
	Dated 11/4	/15	
	Signature		
	have not been sele	vice chairman of the board; president or other officeted, by an incorporator — if in the hands of a received fiduciary by that fiduciary)	
	COURTNEY [LANIER	
		(Typed or printed name of person signing)	
	PRESIDENT/C	EO	
		(Title of person signing)	

the