

N1500000 2030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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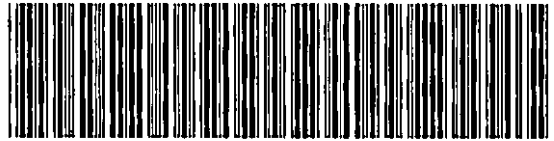
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04/16/19

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FORSTER FOUNDATION

DOCUMENT NUMBER: N15000002030

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

Please return all correspondence concerning this matter to the following:

WILLIAM FORSTER

(Name of Contact Person)

FORSTER FOUNDATION

(Firm/ Company)

7050 W. PALMETTO PARK RD. SUITE 15-214

(Address)

BOCA RATON, FL 33433

(City/ State and Zip Code)

BILL@FORSTERFOUNDATION.COM

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

For further information concerning this matter, please call:

WILLIAM FORSTER

(Name of Contact Person)

at 561 251-3774

(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 type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

FORSTER FOUNDATION

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

NIS 00000 2030

(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:**

*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**)

**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*

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

## CHANGE OF MISSION OR PURPOSE FORSTER FOUNDATION N15000002030

FORSTER FOUNDATION PROVIDES ~~INDIVIDUAL~~  
~~FOR~~ INDIVIDUALLY FITTER WHEELCHAIR  
TO DISABLED AND PHYSICALLY CHALLENG  
CHILDREN OF ALL FAITHS IN ISRAEL.

ALSO

PROVIDES IPAD/TABLETS TO CHALLENGED  
CHILDREN IN ISRAEL OF ALL FAITHS  
TO HELP THEM TO COMMUNICATE,  
LEARN AND PREPARE THEM FOR A  
BETTER FUTURE

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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 4/3/2019  
Signature Will A Forster  
(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)

WILLIAM A FORSTER  
(Typed or printed name of person signing)

PRESIDENT / FOUNDER  
(Title of person signing)

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