

**N15000002725**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

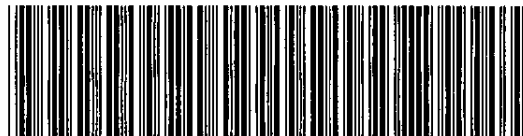
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** APRYLE SHOWERS INC

**DOCUMENT NUMBER:** N15000002725

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

Please return all correspondence concerning this matter to the following:

LAUREN STAFFORD

(Name of Contact Person)

(Firm/ Company)

1559 SUMMERDOWN WAY

(Address)

SAINT JOHNS, FL 32259

(City/ State and Zip Code)

LAURENRSTAFFORD@GMAIL.COM

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

For further information concerning this matter, please call:

LAUREN STAFFORD

904 8603316  
at  
(Area Code) (Daytime Telephone Number)

(Name of Contact Person)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☒ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☒ \$62.50 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

APRYLE SHOWERS INC

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

N15000002725

(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:**

APRYLE SHOWERS FOUNDATION, 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**)

1559 SUMMERDOWN WAY

SAINT JOHNS, FL 32259

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

APRYLE SHOWERS FOUNDATION, INC.

P.O. BOX 1591

PONTE VEDRA, FL 32004-1591

**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: LAUREN STAFFORD

1559 SUMMERDOWN WAY

(Florida street address)

New Registered Office Address:

SAINT JOHNS

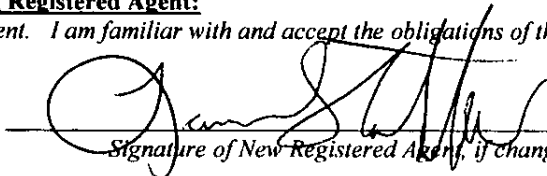
(City)

Florida 32259

(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

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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>P</u>	<u>April (APRYLE) Schmidt</u>	<u>121 Nantucket Island Court</u>
<input type="checkbox"/> Add			<u>Ponte Vedra, FL 32081</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>V</u>	<u>William Schmidt</u>	<u>121 Nantucket Island Court</u>
<input type="checkbox"/> Add			<u>Ponte Vedra, FL 32081</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>P</u>	<u>Lauren Stafford</u>	<u>1559 Summerdown Way</u>
<input checked="" type="checkbox"/> Add			<u>Saint Johns, FL 32259</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>V</u>	<u>Holly Bondra</u>	<u>61 Grand Myrtle Drive</u>
<input checked="" type="checkbox"/> Add			<u>Ponte Vedra, FL 32081</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>S</u>	<u>Erin Cole</u>	<u>113 Grand Myrtle Drive</u>
<input checked="" type="checkbox"/> Add			<u>Ponte Vedra, FL 32081</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>T</u>	<u>Melinda Richey</u>	<u>717 Bay Street</u>
<input checked="" type="checkbox"/> Add			<u>Neptune Beach, FL 32266</u>
<input type="checkbox"/> Remove			

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Add - Director Charlyn Barrett - Address: 3251 Old Barn Road, West Ponte Vedra Beach 32082

Add - Director Cathy Roth – Address: 112 South Bend Drive, Ponte Vedra Beach 32082

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

Amendment to Purpose - Article III: Apryle Showers Foundation, INC. is a Florida non-profit corporation and shall be operated exclusively for charitable purposes in order to provide healing, rest, restoration, and peace to adults ages 30-55 yrs who are currently undergoing treatment for cancer and living, maintaining residence, or receiving treatment in the Northeast Florida area. The organization has set the goal to expand our model to serve individuals in other cities and states at which time the Board of Directors will vote to determine the organization may support expansion.

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08/12/2015

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

08/12/2015

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.

08/12/2015

Dated

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)

Lauren Riley Stafford

(Typed or printed name of person signing)

President, Board of Directors

(Title of person signing)

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