N15000003944

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Ciloria's Po	rch Inc.			~
N15000003944				-
DOCUMENT NUMBER:				_
The enclosed Articles of Amendment and fe	e are submitted for filin	g.		
Please return all correspondence concerning	this matter to the follow	ving:		
Cynthia J Southworth				
	(Name of Cor	ntact Person)		_
Breakwater Foundation Inc				
	(Firm/ Co	ompany)		
2425 Newport Avenue				
	(Add	ress)		
Lakeland FL 33803				
	(City/ State ar	nd Zip Code)		_
breakwaterfoundation@gmail.com				
E-mail address: (t	o be used for future ann	ual report notification	on)	_
For further information concerning this matter	er, please call:			
Cynthia J Southworth		757-615-53-	‡ 3	
(Name of Conta	ct Person)	at (Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount	t made payable to the F	lorida Department of	State:	
□ \$35 Filing Fee □\$43.75 Filin Certificate o	og Fee & \$\sum \\$43.75 Filin of Status	opy Certi copy is Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is losed)	
	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 Articles of Incorporation

	Article	es of Amendment	雪 10/27
•	Article	s of Incorporation	22
Gloria's Porch Inc		of	rida Dept, of State)
(Name of Corporation	ı as curren	ntly filed with the Flo	rida Dept, of State)
N15000003944			
(Досиг	ment Numb	per of Corporation (if I	(nown)
dursuant to the provisions of section 617.1006, Flomendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporat	tion:	
Breakwater Foundation Inc.			The new
ame must be distinguishable and contain the word Company" or "Co." may not be used in the nam		ition" or "incorporate	
		2425 Newport Aven	ue
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	2425 Newport Aven	ue
If amending the registered agent and/or reginew registered agent and/or the new register	red office a		
Name of New Registered Agent:		vport Avenue	(Saine)
		-	lorida street address)
New Registered Office Address:	;	,-	
	Lakeland	· · · · · · · · · · · · · · · · · · ·	, Florida
		(City)	(Zip Code)
iew Registered Agent's Signature, if changing I			
hereby accept the appointment as registered agen	nt. I am fa	uniliar with and accept	t the obligations of the position.
	a	Donthum	۷.
-	S	ignature of New Regis	tered 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: XChange X Remove A Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	EDDIE STOVALL	1108 Peninsular Drive
Add			Haines City FL 33844
X Remove			
2) Change	D	RENEE STOVALL	1108 Peninsular Drive
Add			Haines City FL 33844
X Remove			
3) Change	<u>C</u>	NORVEL WILLIAMS	3004 Carlisle Ct
X Add			Suffolk VA 23435
Remove			
4) Change	D	AMBER SMITH	3815 Gaines Dr
X Add			Winter Haven FL 33884
Remove			
5) Change	D	RUDOLPH HYDE	517 Pintail Cir
_ X Add			Auburndale FL 33823
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)	
N/A		

	October 19, 2017	
The date of each amendmendate this document was signe		_, if other than the
date this document was signe	u	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<u> </u>	this block does not meet the applicable statutory filing requirements, this date will not b the Department of State's records.	e listed as the
· Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/ was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.	
There are no members o adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Octo Dated	ober 19, 2017	
	$\overline{\Omega}$	
Signature	lavid m. Dunhwork	
(By th	ne chairman or vice chairman of the board, president or other officer-if directors	-
	not been selected, by an incorporator – if in the hands of a receiver, trustee, or	
otner	court appointed fiduciary by that fiduciary)	
D	avid M Southworth	
_	(Typed or printed name of person signing)	
Pr	resident	
_	(Title of person signing)	