N5000005324

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(Ac	ddress)	
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-	**	
(Ci	ty/State/Zip/Phone	e #)
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Amend

JUL 1 4 2015 I ALBRITTON

COVER LETTER

TO: Amendment Section .
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: The GET	Network Foundation, Inc.	
DOCUMENT NUMBER: <u>N/5000053</u>	24	
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Kathenne A. Lowry (Na	nme of Contact Person)	
The GET Network Founds	(Firm/ Company)	
P.O. BOX 61425		
	(Address)	
Ft. Myers, FL 33906 (Cir		
(Cit	y/ State and Zip Code)	
into a get-it. ne twork E-mail address: (to be used for		
E-mail address: (to be used for	tuture annual report notification)	
For further information concerning this matter, please call	:	
Katherine Lowry	at (239) 443-6385 (Area Code) (Daytime Telephone Number)	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable	le to the Florida Department of State:	
(4	43.75 Filing Fee & Certified Copy Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

/he GE/ /VITWO/	K Foundation, Increase Foundation, Increase Foundation, Increase Formation of States	^
		<u>e</u>)
N1500000532Y (Document No	imber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	itutes, tins <i>Ptorida Not Por Proju Corpora</i> i	ion adopts the following
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbrevio	tion "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u>)	
		, **
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		0 11
		PH 12:
		· · · · ·
D. If amending the registered agent and/or registered of		of the
new registered agent and/or the new registered office	ce address;	
Name of New Registered Agent:		
<u></u>	(Florida street address)	
New Registered Office Address:		
	.F	lorida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		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 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>D</u>	Ana Brendel	748 Belville Blvd. Naples, FL 34104
2) Change Add Remove	_D	Joseph Bauer	8411 Bahama Court Ft. Myers, FL 33907
3) Change Add Remove	<u>D</u>	Victoria Opten	9503 Athel Dr. Port Charlotte, FL 33981
4) Change Add	<u>D</u>	Michelle Hudson	14090 Metropolis *205 Ft. Myers, FL 33912
5) Change Add Remove	<u>D</u> _	Jessica Robison	247 Shamrock Blud. Venice, FL 34923
6) Change Add Remove		Pau(loka Irssica) Robison	247 Shamrock Blod. Venice, FL 34923
		Page 2 of 4	

E. If amending or adding additional Art (attach additional sheets, if necessary).	cies, enter change(s) nere: (Be specific)
	_
——————————————————————————————————————	
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The	ie date of each amendment(s) adoption: 7/5//5	, if other than the
	te this document was signed.	
Effe	fective date if applicable: 7/5/15	
	(no more than 90 days after amendment file date)	
	ote: If the date inserted in this block does not meet the applicable statutory filing requirements, cument's effective date on the Department of State's records.	this date will not be listed as the
Add	loption of Amendment(s) (CHECK ONE)	
ø	The amendment(s) was/were adopted by the members and the number of votes cast for the a was/were sufficient for approval.	mendment(s)
	There are no members or members entitled to vote on the amendment(s). The amendment(s) adopted by the board of directors.) was/were
	Dated 7/5/15	
	Signature By the chairman of the board, president or other officer	if directors
	have not been selected, by an incorporator – if in the hands of a receiver, other court appointed fiduciary by that fiduciary)	
	Katherine A. Loury (Typed or printed name of person signing)	<u></u>
	(Typed or printed name of person signing)	
	Prisident	
	(Title of person signing)	