NISODD005324

(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section **Division of Corporations**

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Tallahassee, FL 32301



August 17, 2015

KATHERINE A. LOWRY THE GET NETWORK FOUNDATION, INC. P.O. BOX 61425 FT. MYERS, FL 33906

SUBJECT: THE GET NETWORK FOUNDATION, INC.

Ref. Number: N15000005324

We have received your document for THE GET NETWORK FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 115A00017313



Articles of Amendment

to

Articles of Incorporation

· '	of					
THE GET Network-Foundation	Inc	Doc	unent #	N1500	0005	32
(Name of Corporation as current	ly filed with					
(Document Number	er of Corporati	ion (if know	m)			_
(Double Mark)	a or corpolar	ion (ii kizon	,,			
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida</i>	Not For P	rofit Corporatio	on adopts the	followi	ng
A. If amending name, enter the new name of the corporation	on:					
	_					
			42	· "C "	_The ne	
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on or incol	rporatea o	r ine abbreviali	ion Corp. 6	or inc.	•
	17	a /	<u> </u>		-,	
B. Enter new principal office address, if applicable:	2503	per 1	rado B	Vd. 5.	<u>54.5</u>	<u>7/0</u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Case	Coml	Prado B	3904		
		00,000				
						_
C. Enter new mailing address if annihables						
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						
						_
				<u>>'∽</u>	20	_
				F CS	500	-
				— ——— → 등		
D. If amending the registered agent and/or registered office		Florida, ent	ter the name of	the SSS	9-	
new registered agent and/or the new registered office ac	<u>ldress:</u>			in G	PH	П
Name of New Registered Agent:				필상	<u> </u>	
				RID	ယ	
		/m/. : 1		≥	<u> </u>	_
New Registered Office Address:		(Floria	a street address)			
•						
				rida		
	(City)		(2	Zip Code)		
New Registered Agent's Signature, if changing Registered	Agent:					
I hereby accept the appointment as registered agent. I am fan	niliar with and	l accept the	obligations of t	the position.		
Si	gnature of New	w Registere	d Agent, if chan	iging		_

• 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)

r wase now me officerairector wife by the first letter of the office wie:

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 Ádd	PT V SV	John Doe Mike Jones Saily Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	Victoria Op	ofon 9503 athel Dr. Part Charlotte, Fo
Add			33981
2) Change		-	
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change	-		
Add			
Remove			

If amending or adding additional Ar attach additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
9/10/15.	
(no more than 90 days after amendment file a	laie)
uocument's effective date on the Department of State's records.	arements, this date will not be listed as the
Adoption of Amendment(s) (CHECE COME	
The amendment(s) was/were adopted by the members and the number of votes cast was/were sufficient for approval.	for the amendment(s)
There are no members or members emitted to vote on the amendment(s). The amendanced by the board of directors.	ndment(s) was/were
Dated 9/10/15	
(By the chairpran or yet enairman of the board, president or other	ne officer if directors
have not been selected, by an incorporator – if in the hands of a other court appointed fiduciary by that fiduciary)	
Kathenine A. Lowry (Typed or printed name of person sig	
	ung)
President	
(Title of person signing)	