

N15000006015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

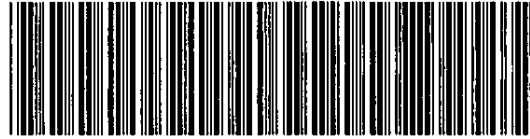
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FILED

2015 AUG 21 PM 4:38

STATE
TALLAHASSEE, FLORIDA

AUG 24 2015

A RAMSEY

The Gift Goes On, Inc.
3393 Viceroy Drive North
Jacksonville, FL 32257

August 14, 2015

To the Amendment Section:

Just a few words of explanation about this amendment: The entry for our corporation shows up on Sun-Biz with spelling errors. The change of principal address, new mailing address and registered agent are being amended only to change the spelling of our city, Jacksonville. It shows on Sun-Biz as "Jassonville". There has actually been no change in any of these items, just correction required.

Also, in the initial filing, the President and Secretary/Treasurer do not appear on Sun-Biz under the Officers/Directors section, and this should be corrected.

We voted to add another member to our board, Mr. Fred Ellis, as shown on page 2 of the amendment.

Thank you so much for your help in resolving these corrections/amendments. If you have any questions or need further information, please call me at (615-319-7736).

Sincerely,


Harley R. Lamoureux

Registered Agent

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Gift Goes On, Inc.

DOCUMENT NUMBER: N15000006015

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

Please return all correspondence concerning this matter to the following:

Harley R. Lamoureux
(Name of Contact Person)

The Gift Goes On, Inc.
(Firm/ Company)

3393 Viceroy Drive North
(Address)

Jacksonville, FL 32257
(City/ State and Zip Code)

harley4harp@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harley R. Lamoureux at 615 319-7736
(Name of Contact Person) (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 & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status ^{error}
(Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 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

FILED

The Gift Goes On, Inc. AUG 21 PM 4:38
(Name of Corporation as currently filed with the Florida Dept. of State)

N15000006015

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

3393 Viceroy Drive North
Jacksonville, FL 32257

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3393 Viceroy Drive North
Jacksonville, FL 32257

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:

Harley R. Lamoureux

3393 Viceroy Drive North

(Florida street address)

New Registered Office Address:

Jacksonville

(City)

Florida 32257

(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.

Harley R. Lamoureux

Signature of New Registered 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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|-----------|-----------------------------|--|
| 1) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>PC</u> | <u>Harley R. Lamoureux</u> | <u>3393 Viceroy Dr. N.</u>
<u>Jacksonville, FL 32257</u> |
| 2) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>ST</u> | <u>Carolyn R. Lamoureux</u> | <u>3393 Viceroy Dr. N.</u>
<u>Jacksonville, FL 32257</u> |
| 3) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>D</u> | <u>Fred Ellis</u> | <u>12905 North Main St.</u>
<u>Jacksonville, FL 32218</u> |
| 4) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | | | |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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 8/14/15

Signature Harley R. Lamoureux
(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)

Harley R. Lamoureux
(Typed or printed name of person signing)

Registered Agent + President
(Title of person signing)