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COVER LETTER

TO: Amendment Section
Division of Corporations

ROBIN SHARI PARKER HAPPI FOUNDATION INC. NAME OF CORPORATION: N15000006958 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lauren Quattromani (Name of Contact Person) Wolkov LLP (Firm/ Company) 1815 Purdy Ave (Address) Miami Beach, Florida 33139 (City/ State and Zip Code) lquattro@wolkovllp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lauren Quattromani 401 447-3003 (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: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

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

Enclosed)

Articles of Amendment to Articles of Incorporation of

ROBIN SHARI PARKER HAPPI FOUNDATION INC.		FILED	
(Name of Corporation as cu	rrently filed with the Florida Dep	t. of Statelic - 5 PH 3: 50	
N15000006958	rrently filed with the Florida Dep	OF STATE	
	umber of Corporation (if known)	SEE FLORID	
·	• • •	TALLER MAN	
fursuant to the provisions of section 617.1006, Florida St mendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not For Profit</i> (Corporation adopts the following	
. If amending name, enter the new name of the corpo	oration:		
		The nev	
ame must be distinguishable and contain the word "corp Company" or "Co." may not be used in the name.	poration" or "incorporated" or the	abbreviation "Corp." or "Inc.'	
Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)		
•			
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
). If amending the registered agent and/or registered new registered agent and/or the new registered off		e name of the	
Name of New Registered Agent:		·	
	(Florida stree	et address)	
New Registered Office Address:			
		. Florida	
	(City)	(Zip Code)	
	• •		
lew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I a		eations of the position.	
· · · · · · · · · · · · · · · · · · ·		Same to of the position.	
	Signature of New Registered Ago	ent, if changing	
	J		

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	<u>V</u> <u>Mi</u>	nn <u>Doe</u> ke Jones ly Smith	·
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Glenn Parker	110 EAST BROWARD BLVD
X Add			SUITE 1700
Remove		•	FORT LAUDERDALE, FL 33301
2) Change	<u> </u>		
Add			
Remove			
3) Change			
<u>·</u> Add			
Remove	•		
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change Add	·		
Adu Remove			
Kemove			

	or adding additional Artional sheets, if necessary).	(Be specific)	<u> </u>			
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				■ 10	1101-12-101-101-1	

The date of each amendment(s) adoption:date this document was signed.			, if other than the
	ective date if applic	able:	
		(no more than 90 days after amendment f	file date)
		d in this block does not meet the applicable statutory filing re on the Department of State's records.	requirements, this date will not be listed as the
Ado	ption of Amendm	nt(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes for approval.	cast for the amendment(s)
	There are no mem adopted by the bo	ers or members entitled to vote on the amendment(s). The ard of directors.	amendment(s) was/were
	Dated	7/30/15	
	Signature		
		By the chairman or vice chairman of the board, president or have not been selected, by an incorporator – if in the hands other court appointed fiduciary by that fiduciary)	
		Ben Wolkov	
		(Typed or printed name of person	n signing)
		Incorporator	
		(Title of person signi	ng)