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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	The Duncan Duo Fou	indation Inc			
	N15000009192				
DOCUMENT NUMBER:					
The enclosed Articles of Am	endment and fee are subm	nitted for filing.			
Please return all corresponde	ence concerning this matter	r to the following:			
Angela Williams					
- -		(Name of Contact Pe	rson)		_
The Duncan Duo					
		(Firm/ Company)	_	_
6320 S Dale Mabry Hwy					
		(Address)			
Tampa, FL 33611					
		(City/ State and Zip C	Code)	· •	
accounting@theduncanduo.	com				
	-mail address: (to be used	for future annual rep	ort notification)	
For further information conc	erning this matter, please of	call:			
Angela Williams		at	813	359-8990	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the f	ollowing amount made pay	yable to the Florida D	Department of S	State:	
■ \$ 35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status ed Copy cional Copy is sed)	

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 17 SEP 25 PM 1: 35

The Duncan Duo Foundation Inc (Name of Corporation as currently filed with the Florida Dept. of State) N15000009192 (Document Number of Corporation (if known) 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: 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. 6320 S Dale Mabry Hwy B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Tampa, FL 33611 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 6320 S Dale Mabry Hwy (Florida street address) New Registered Office Address: . Florida _ Tampa (City) (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.

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: X Change X Remove X Add	<u>PT</u> <u>John</u> <u>V</u> <u>Mike</u> <u>SV</u> <u>Sally</u>	Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change			6320 S Dale Mabry Hwy
Add			Tampa, FL 33611
Remove			
2) Change			
Add			
Remove			
3) Change			
Add Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			

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The date of each amend late this document was si	ment(s) adoption:gned.	, if other than the
Effective date <u>if applica</u>		
	(no more than 90 days after amendment file date)	
	I in this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records.	ot be listed as the
Adoption of Amendmen	$t(s)$ $(\underline{CHECK\ ONE})$	
The amendment(s) was/were sufficient	vas/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
There are no member adopted by the boar	ers or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
Dated _	19/14/17	
Signature _ (E	Managing Members By the chairman or vice chairman of the board, president or other officer-if directors	<u>er</u>
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Angela Duncan	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	