# N150000009901

| (Re                     | equestor's Name)   |             |  |
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I ALBRITTON

TO: Amendment Section

#### **COVER LETTER**

| Division of Corporation       | 15 '  | •  |                  |  |
|-------------------------------|---|--|------------------|--|
| NAME OF CORPORATION           | The Liz Weaver Fou                          | ndation, Inc.  |                  |  |
| DOCUMENT NUMBER:              | N15000009901                                |  |                  |  |
| The enclosed Articles of Am   | sendment and fee are subm                   | nitted for filing.   |                  |  |
| Please return all corresponde | ence concerning this matte                  | er to the following:   |                  |  |
| Dianne J. Weaver              |   |  |                  |  |
|                               |   | (Name of Contact Per   | rson)            |  |
| Weaver & Weaver, P.A.         |   |  |                  |  |
|                               |   | (Firm/ Company)  | )                |  |
| 12627 San Jose Boulevard,     | Suite 301                                   |  |                  |  |
|                               |   | (Address)  |                  | <del>-</del>   |
| Jacksonville, FL 32223        |   |  |                  |  |
|                               |   | (City/ State and Zip C   | ode)             |  |
| dweaver@weaverandweave        | rlaw.com                                    |  |                  | ·  |
| E                             | -mail address: (to be used                  | for future annual repo   | ort notification |  |
| For further information conc  | eming this matter, please                   | call;  |                  |  |
| Dianne J. Weaver              |   | at   | 904              | 260-5122   |
|                               | (Name of Contact Person)                    | )  | (Area Code)      | (Daytime Telephone Number)                                 |
| Enclosed is a check for the f | ollowing amount made pay                    | yable to the Florida De  | epartment of     | State:   |
| ■ \$35 Filing Fee             | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certifled Copy (Additional copy is enclosed) | Certif<br>Certif | 0 Filing Fee icate of Status ied Copy tional Copy is osed) |

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Talfahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



March 2, 2016

DIANNE J. WEAVER WEAVER & WEAVER, P.A. 12627 SAN JOSE BLVD - STE. 301 JACKSONVILLE, FL 32223

SUBJECT: THE LIZ WEAVER FOUNDATION, INC.

Ref. Number: N15000009901

We have received your document for THE LIZ WEAVER 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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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: 316A00004324

## Articles of Amendment Articles of Incorporation

### THE LIZ WEAVER FOUNDATION, INC.

# (Name of Corporation as currently filed with the Florida Dept. of State) N15000009901 (Document Number of Corporation (if known)

| A   | corporation:                      | The new  |
|---|-----------------------------------|--|
| me must be distinguishable and contain the word<br>ompany" or "Co." may not be used in the name | •                                 |  |
| Enter new principal office address, if applica incipal office address MUST BE A STREET A        | ble: DDRESS)                      |  |
| Enter new mailing address, if applicable:   | N/A                               |  |
| Mailing address MAY BE A POST OFFICE I  | <u> </u>                          | SECTION AND AND AND AND AND AND AND AND AND AN |
| If amending the registered agent and/or regis   | stered office address in Florida. | enter the name of the                          |
| new registered agent and/or the new register  | ed office address:                |  |
| Name of New Registered Agent:   | N/A                               |  |
| <u>New Registered Office Address</u> :  |                                   | orida sireet address)                          |
|   |                                   | , Florida                                      |
|   | (City)                            | (ZIp Code)                                     |
|   |                                   |  |

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>V</u> <u>Mil</u> | n Doe<br>ke Jones<br>ly Smith |                          |
|-----------------------------------|---------------------|-------------------------------|--------------------------|
| Type of Action<br>(Check One)     | <u>Title</u>        | <u>Name</u>                   | <u>Addres</u> s          |
| 1) Change                         | PD                  | Dianne J. Weaver              | 12627 San Jose Boulevard |
| X Add                             |                     |                               | Suite 301                |
| Remove                            |                     |                               | Jacksonville, FL 32223   |
| 2) Change                         | VD                  | Ben J. Weaver                 | 12627 San Jose Boulevard |
| X Add                             |                     |                               | Suite 301                |
| Remove                            |                     |                               | Jacksonville, FL 32223   |
| 3 ) Change                        | CZ                  | Marianna S. Smith             | 12627 San Jose Boulevard |
| X Add                             |                     |                               | Suite 301                |
| Remove                            |                     |                               | Jacksonville, FL 32223   |
| 4) Chance                         |                     |                               |                          |
| 4) Change                         | *                   | <u></u>                       |                          |
| Add                               |                     |                               |                          |
| 5) Change                         |                     |                               |                          |
| Add                               |                     |                               |                          |
| Remove                            |                     |                               |                          |
| δ) Change                         |                     |                               |                          |
| Add                               | <del></del>         |                               |                          |
| Remove                            |                     |                               | ·                        |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |             |  |  |
|---|-------------|--|--|
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| N/A   | •           |  |  |
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| r   |             |  |  |

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) 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. February 26, 2016 Dated Signature (By the chairman or view spiriman 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) Dianne J. Weaver (Typed or printed name of person signing) President Director Incorporator

Mar. 9. 2016 12:14PM

No. 2833

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(Title of person signing)