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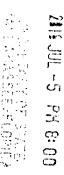
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| (Requestor's Name) | | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates | s of Status | | | |
| Special Instructions to F | iling Officer: | | | | |
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Office Use Only



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JUL 08 2018

C. CARROTHERS

COVER LETTER

TO: Amendment Section **Division of Corporations**

| NAME OF CORPORATION: Expressions of Destiny Foundation, I |
|---|
| DOCUMENT NUMBER: N/60000010139 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Christopher Machane (Name of Contact Person) |
| Exprissions of Destiny Foundation (Firm/Company) |
| 3152 N. Jog Rd. Apt 10203 (Address) |
| West Palm Beach, FL 33411 (City/State and Zin Code) |
| (City State and Exp Code) |
| E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Christopher Mahone at 210 \$35-6868 (Name of Contact Person) (Area Code) (Daytime Telephone Number) |
| (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 |

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

1600000 6139 (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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: \mathcal{N}/\mathcal{A} 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. | | | | | | |
|--|--|--|--|--|--|--|
| | leaves the corp | oration, Sally Smith is named the | the is listed as the PST and Mike Jones is listed as the V. There is the V and S. These should be noted as John Doe, PT as a Change. | | | |
| Example: X.Change X.Remove X.Add | <u>V</u> <u>M</u> | ohn <u>Doe</u> like Jones ally Smith | | | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s | | | |
| 1) Change Add Remove | eteritoris e e e e e e e e e e e e e e e e e e e | -111 | | | | |
| 2) Change Add | | *************************************** | | | | |
| Remove 3) Change Add | | | | | | |
| Remove 4) Change | | | | | | |
| Add | | • | | | | |
| 5) Change Add Remove | | | | | | |
| 6) Change | 1 1 1 1 1 1 1 | | | | | |

Remove

| (attach additional sheets, if necessary). (Be specific) |
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| Dissolution: |
| |
| Upon dissolution and upon payment or adeaua |
| discharge of all liabilities and obligations of Expression of Destiny Foundation, the assets of the Corporation |
| of Disting Foundation, the assets of the Corporation |
| Shall be distributed for one or more exempt |
| DURDOSES within the meaning of 501(c)(3) of |
| the Internal Revenue Code, as amended, or shall |
| purposes within the meaning of 501(c)(3) of the Internal Revenue Code, as amended, or shall be distributed to a State or the Federal |
| government for a public purpose. |
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E. If amending or adding additional Articles, enter change(s) here:

| The date of each amendment(s) add | option: | , if other than the |
|--|--|-------------------------|
| late this document was signed. | | |
| Effective date <u>if applicable</u> : | | |
| • 1 | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bloc locument's effective date on the Dep | k does not meet the applicable statutory filing requirements, this date wi artment of State's records. | ll not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were add was/were sufficient for approval | opted by the members and the number of votes cast for the amendment(s |) |
| There are no members or member adopted by the board of director | ers entitled to vote on the amendment(s). The amendment(s) was/were s. | |
| Dated <u>July</u> | 1,2016 | |
| Signature | | |
| have not beer | nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary) | |
| | Christopher Mahane (Typed or printed name of person signing) | |
| | (1 yped or printed name of person signing) | |
| and the same of th | President | |
| | (Title of person signing) | |