## N16000006775

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION:	Venture Education Fo	oundation, Inc.	<u>-,</u>		E.
N16	000006775		_		7
The enclosed Articles of Amenda	ment and fee are subm	nitted for filing.			
Please return all correspondence	concerning this matter	r to the following:			
Patricia Schneider					
·	(	(Name of Contact	Person)		
Florida Venture Forum. Inc.					
		(Firm/ Compa	ny)		
707 W. Azeele Street					
	<del> </del>	(Address)	<u> </u>		
Tampa, Fl. 33606					
	(	City/ State and Zip	Code)		
oat@flventure.org					
E-mai	address: (to be used	for future annual re	port notificatio	n)	
For further information concerning	g this matter, please c	all:			
Patricia Schneider		a	813	335 8116	
(Nan	ne of Contact Person)	u	(Area Code)	(Daytime Telephone	e Number)
Enclosed is a check for the follow	ing amount made pay	able to the Florida	Department of	State:	
	S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	is Certif (Addi	60 Filing Fee ficate of Status fied Copy itional Copy is osed)	
Mailing Addre	·ss	S	treet Address		

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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

## **Articles of Amendment**

to

Articles of Incorporation

N/A Ver	nture Edu	Cation Foundation	NS.INC
(Name of Corporati	ion as currently filed with the Flor	rida Dept. of State)	-
	NILODODO	06775	ĭ-5
(Doc	cument Number of Corporation (if k	mown)	<b>*</b>
Pursuant to the provisions of section 617.1006, Famendment(s) to its Articles of Incorporation:	Torida Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following	ion of the control of
A. If amending name, enter the new name of t	the corporation:	C The nea	999E
name must be distinguishable and contain the wo "Company" or "Co." may not be used in the na		d" or the abbreviation "Corp." or "Inc.	5
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET			<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	'E BOX')		- -
D. If amending the registered agent and/or re		enter the name of the	·-
new registered agent and/or the new regist	tered office address:		
Name of New Registered Agent	<u>t</u> :		_
<u>New Registered Office Addres</u>	•	lorida street address)	-
		, Florida	
	(City)	(Zip Code)	_
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		the obligations of the position.	
	Signature of New Regist	tered 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>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Paul Kevin Burgoyne	707 W. Azeele Street
X Add			Tampa, FL 33606
Remove			
2)Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del> </del>
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, en (attach additional sheets, if necessary). (Be sp	pecific)
•	
/ <b>A</b>	• •
•	
· · · · · · · · · · · · · · · · · · ·	
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	***************************************
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The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	•	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable statutory filing requirements, thartment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval.	pted by the members and the number of votes cast for the ame	ndment(s)
There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) w	as/were
Dated	5/31/17	
Signature Pali	cia Schreida	<del></del>
have not beer	nan or vice chairman of the board, president or other officer-if a selected, by an incorporator — if in the hands of a receiver, true pointed fiduciary by that fiduciary)	
PATK	(Typed or printed name of person signing)	
	(CE PROSIDEN L. (Title of person signing)	