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TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | Operation Toy Soldie | er, Inc. | | |
|-------------------------------|---|--|--------------------|--|
| DOCUMENT NUMBER: | N16000008168 | | | |
| The enclosed Articles of Am | endment and fee are subn | nitted for filing. | , | |
| Please return all corresponde | ence concerning this matte | r to the following: | | |
| Carla Turner-Hahn, Esq. | | | | |
| | | (Name of Contact Pe | erson) | |
| c/o Battaglia, Ross, Dicus & | McQuaid, P.A. | | | |
| | | (Firm/ Company | /) | , |
| 5858 Central Ave. Suite A | | | | |
| | | (Address) | | |
| Saint Petersburg, FL 33707 | | | | |
| | | (City/ State and Zip | Code) | |
| carlathahn@gmail.com | | | | |
| E | -mail address: (to be used | for future annual rep | ort notification | 1) |
| For further information conc | erning this matter, please | call: | | |
| Carla Turner-Hahn, Esq. | | at | 727 | 490-1212 |
| | (Name of Contact Person |) | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the f | ollowing amount made pa | yable to the Florida I | Department of | State: |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee Certified Copy (Additional copy i enclosed) | Certif s Certif | 0 Filing Fee icate of Status ied Copy tional Copy is used) |
| Mailing A | ddress | <u>Str</u> | reet 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 of

| Operation Toy Soldier, Inc. | | | |
|--|-----------------------------|-------------------------------------|------------------------|
| (Name of Corporation as curre | ently filed with the | Florida Dept. of State) | |
| N16000008168 | | | |
| (Document Nun | nber of Corporation | (if known) | |
| Pursuant to the provisions of section 617,1006, Florida Statuamendment(s) to its Articles of Incorporation: | utes, this <i>Florida N</i> | ot For Profit Corporation adopts | the following |
| A. If amending name, enter the new name of the corpora | ation: | | |
| N/A | | | The new |
| name must be distinguishable and contain the word "corpor "Company" or "Co," may not be used in the name. | | orated" or the abbreviation "Con | |
| B. Enter new principal office address, if applicable: | N/A | | |
| (Principal office address <u>MUST BE A STREET ADDRES.</u> | <u>S</u>) | | |
| | | | 7.0 |
| | | | |
| C. Enter new mailing address, if applicable: | N/A | ت. س س | 2 |
| (Mailing address <u>MAY BE A POST OFFICE BOX)</u> | | | } |
| | | <u> </u> | |
| | | | <u> </u> |
| D. If amending the registered agent and/or registered of | ffice address in Flo | ride enter the name of the | بر الرائي الرائي |
| new registered agent and/or the new registered office | | indiquite the name of the | 24 |
| Name of New Registered Agent: N/A | | | |
| | | (Florida street address) | - 1 |
| New Registered Office Address: | • | , , | |
| | | , Florida | |
| | (City) | (Zip Code |) |
| New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am | | ccept the obligations of the positi | ion. |
| | Signature of New I | 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 | PT John Doe V Mike Jones SV Sally Smith | |
|----------------------------------|---|----------------------------|
| Type of Action (Check One) | <u>Title</u> <u>Name</u> | <u>Addres</u> s |
| 1) Change | D Kim Garrett | 670 Tom Brewer Road |
| X Add | | Loganville, Georgia 30052 |
| Remove | | |
| 2) Change | D Eric Trimble | 701 12th Street |
| X Add | | Moline, Illinois 61265 |
| Remove | | |
| 3) Change | VD Rob Christiansen | 511 S. Franklin Street |
| X Add | | Greenville, Michigan 48838 |
| Remove | | |
| 4) Change | D Andrew Loos | 416 NE Emerald Dr |
| X Add | | Lees Summit, MO 64064 |
| Remove | | |
| 5) X Change | PD Jim Rudolph | 15381 ROOSEVELT BLVD |
| Add | | CLEARWATER, FL 33760 |
| Remove | | |
| 6) X Change | CD Frankie Stewart | 2246 Wisteria Drive |
| Add | | Snellville, Georgia 30078 |
| Remove | | |

| | Type of Action (check one) | <u>Title</u> | <u>Name</u> | Address |
|----|----------------------------|--------------|-----------------|------------------------|
| 7) | X_Change | STD | Crystal Jardine | 15784 PEARL ROAD |
| | Remove | | | STRONGSVILLE, OH 44136 |
| | Add | | | |

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Article III Purpose: (a) The organization is organized exclusively for charitable and educational purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. Specifically, the organization has as its mission to provide relief for the children of both deployed and non-deployed soldiers and active military personnel as well as soldiers who have recently returned home after active service within the meaning of Section 501(c)(3). Such relief is provided by fundraising to provide toys to these children. (b) The organization shall not engage otherwise than as an insubstantial part of its activities, in activities that in themselves are not in furtherance of one or more of the above exempt purposes.

| | e date of each amendment this document was signed | • | , if other than the |
|-----|--|---|---------------------|
| Eff | ective date <u>if applicable</u> : | September 1st 2016 | |
| | | (no more than 90 days after amendment file date) | |
| | | ais block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records. | e listed as the |
| Ade | option of Amendment(s) | (CHECK ONE) | |
| | The amendment(s) was/w was/were sufficient for ap | vere adopted by the members and the number of votes cast for the amendment(s) oproval. | |
| | There are no members or adopted by the board of o | members entitled to vote on the amendment(s). The amendment(s) was/were firectors. | |
| | Dated | 72016 | |
| | Signature | HY NOO(P) | • |
| | have n | chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) | •• |
| | Jin | ı Rudolph | |
| | | (Typed or printed name of person signing) | |
| | Pre | e s id e nt | |
| | _ | (Title of person signing) | |