

N 160000 10945

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S. TALLENT
AUG 21 2017

Amend

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17 AUG 14 AM 10:38
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FLORIDA

LAW OFFICES OF JAMES P. COVEY, P.A.

| | |
|--|--|
| <u>VERO BEACH OFFICE</u> 1575 Indian River Blvd, Suite C-120 Vero Beach, FL 32960 Telephone: 772.770.6160 Facsimile: 772.770.6074 | <u>STUART OFFICE</u> 2207 South Kanner Highway Stuart, FL 34994 Telephone: 772.286.5820 Facsimile: 772.286.1505 |
|--|--|

James P. Covey, J.D., M.B.A.
Licensed to practice in Florida and Maryland

Robyn H. Eschmann, FRP/Firm Manager
Melanie B. Lawrence, Paralegal
Gerard Seobie, Client Support Services

Dorothea E. DePace, Paralegal
Nely Castro, Legal Assistant
Merrily Minardi, Accounting Services

August 10, 2017

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

Re: Elizabeth Rose Olsen Foundation, Inc.

To Whom It May Concern:

Enclosed, you will find the following:

1. Cover Letter;
2. Articles of Amendment to Articles of Incorporation of the Elizabeth Rose Olsen Foundation, Inc.;
3. Check No. 006636 in the amount of \$35.00 which represents the filing fee for the Articles of Amendment.

If you should need anything further to process the enclosures, please contact Melanie Lawrence at 772.770.6160. Thank you.

Sincerely,

James P. Covey, Esq.

/ml
enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Elizabeth Rose Olsen Foundation, Inc. _____

DOCUMENT NUMBER: N16000010945 _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James P. Covey, Esq.

(Name of Contact Person)

James P. Covey, P.A.

(Firm/ Company)

1575 Indian River Boulevard, Suite C-120

(Address)

Vero Beach, Florida 32960

(City/ State and Zip Code)

office@jccoveylaw.com

E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

James P. Covey, Esq. 772 770.6160

(Name of Contact Person) at (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|---|--|---|--|

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

Elizabeth Rose Olsen Foundation, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N16000010945

(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:

N/A

The new 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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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: N/A

(Florida street address)

New Registered Office Address:

N/A

Florida

(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:

| | | |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u> |
| <input checked="" type="checkbox"/> Remove | <u>V</u> | <u>Mike Jones</u> |
| <input checked="" type="checkbox"/> Add | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--------------------------------------|--------------|-------------|----------------|
| 1) <input type="checkbox"/> Change | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

The following sentence is hereby being added to the Articles of Incorporation as the second sentence entitled Article III. Purp
"The Elizabeth Rose Olsen Foundation, Inc. is organized exclusively for charitable, religious, educational, and scientific
purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations
described under Section 501 (c) 3 of the Internal Revenue Code, or corresponding section of any future federal tax code." All
other Articles of Incorporation are hereby re-affirmed.

June 28, 2017

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) (CHECK ONE)

- ☐ 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.

Dated AUGUST 7, 2017

Signature [Handwritten Signature] TREASURER/SEC.
(By the chairman or vice chairman 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)

LEONARD F. O'CONNOR
(Typed or printed name of person signing)

TREASURER/SEC.
(Title of person signing)