## 117000000834

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
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SECRETARY OF STATE



FEB 0 8 2016
T. LEMIEUX

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATIO             | THE LAWRENCE F.                             | AMILY FOUNDAT   | ION, INC.          |  |
|--------------------------------|---|---|--------------------|--|
| A.                             | ¥17000000834                                | ,   |                    |  |
| DOCUMENT NUMBER: _             |   |   |                    |  |
| The enclosed Articles of Ame   | ndment and fee are subm                     | itted for filing.   |                    |  |
| Please return all corresponder | nce concerning this matter                  | to the following:   |                    |  |
| Steve Lawrence                 |   |   |                    |  |
|                                | (   | Name of Contact Pe  | rson)              |  |
| The Lawrence Family Found      | ation, Inc.                                 |   |                    |  |
|                                |   | (Firm/ Company  | )                  |  |
| PO box 3182                    |   |   |                    |  |
|                                |   | (Address)   |                    |  |
| Palm Beach, Florida 33480      |   |   |                    |  |
|                                | (   | City/ State and Zip (   | Code)              | . "  |
| stevelawrence5000@gmail.co     | om  |   |                    |  |
| E-1                            | mail address: (to be used                   | for future annual rep   | ort notification   | )  |
| For further information conce  | ming this matter, please o                  | all:  |                    |  |
| Steve Lawrence                 |   | at  | 561                | 762-0480   |
|                                | Name of Contact Person)                     |   | (Area Code)        | (Daytime Telephone Number)                           |
| Enclosed is a check for the fo | llowing amount made pay                     | able to the Florida D   | epartment of S     | State:   |
| ■ \$35 Filing Fee              | □\$43.75 Filing Fee & Certificate of Status | 3\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed) | Certifi<br>Certifi | Filing Fee cate of Status ed Copy ional Copy is sed) |
| Mailing Ad                     | ldress                                      | Str   | eet 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

THE LAWRENCE FAMILY FOUNDATION, INC.

| THE EAWRENCE TAMBET TOURDATION, IN  | 10.          |                                    |                        |                       |                 |
|---|--------------|------------------------------------|------------------------|-----------------------|-----------------|
| (Name of Corporation  | ı as curren  | tly filed with the                 | Florida Dept. of S     | ate)                  |                 |
| N1700000834   |              |                                    |                        |                       |                 |
| (Docur  | nent Numb    | er of Corporation                  | ı (if known)           |                       |                 |
| Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:   | rida Statute | es, this <i>Florida N</i>          | ot For Profit Corpo    | ration adopts the fo  | llowing         |
| A. If amending name, enter the new name of the  | e corporati  | ion:                               |                        |                       |                 |
| N/A   |              |                                    |                        | Т                     | he new          |
| name must be distinguishable and contain the word<br>"Company" or "Co." may not be used in the name |              | tion" or "incorp                   | orated" or the abbre   | viation "Corp." or    | "Inc."          |
| B. Enter new principal office address, if applica<br>(Principal office address MUST BE A STREET A   |              | N/A                                |                        |                       |                 |
|   | <u></u> ,    |                                    |                        |                       |                 |
|   |              |                                    |                        |                       | <del> </del>    |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)                 | <i>BOX</i> ) | N/A                                |                        |                       |                 |
|   |              |                                    |                        |                       |                 |
|   |              |                                    |                        |                       |                 |
|   |              |                                    |                        |                       |                 |
| D. If amending the registered agent and/or regis  |              |                                    | rida, enter the nam    | e of the              |                 |
| new registered agent and/or the new register  |              | <u>ddress:</u>                     |                        |                       |                 |
| Name of New Registered Agent:   | N/A          |                                    |                        |                       |                 |
|   |              | ·-···                              |                        | <del></del>           |                 |
| New Registered Office Address:  | ;            |                                    | (Florida street addre  | <i>s)</i>             |                 |
|   |              |                                    |                        | PL-24-                |                 |
|   | -            | (City)                             | ,                      | Florida<br>(Zip Code) |                 |
| New Registered Agent's Signature, if changing F   | D            | A                                  |                        |                       |                 |
| hereby accept the appointment as registered agen  | it. I am fai | <u>Agent:</u><br>miliar with and a | ccept the obligations  | of the position.      | <b>-</b>        |
|   | ,            |                                    |                        | L CC                  | i               |
|   | N/A          |                                    |                        | A A TE                | <b>"</b> "      |
|   | Si           | ignature of New I                  | Registered Agent, if o | changing 2            | Graph<br>Estate |
|   |              |                                    |                        |                       | ا<br>الأسائية   |
|   |              |                                    |                        | U                     | Energy<br>fig ( |
|   | 1            | Page I of 4                        |                        | 70180°                | أوسعا           |
|   |              |                                    |                        | Ž⊢ Ř                  |                 |

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<br>Mike Jones<br>Sally Smith |                                       |
|----------------------------------|------------------------------|---------------------------------------|---------------------------------------|
| Type of Action<br>(Check One)    | Title                        | <u>Name</u>                           | Address                               |
| 1) Change                        | ·                            | N/A                                   |                                       |
| Add                              |                              |                                       |                                       |
| Remove                           |                              |                                       |                                       |
| 2) Change                        |                              |                                       |                                       |
| Add                              |                              |                                       |                                       |
| Remove                           |                              |                                       |                                       |
| 3) Change                        |                              |                                       | · · · · · · · · · · · · · · · · · · · |
| Add                              |                              |                                       |                                       |
| Remove                           |                              |                                       |                                       |
|                                  |                              |                                       |                                       |
| 4) Change                        |                              | <del></del>                           |                                       |
| Add                              |                              |                                       |                                       |
| Remove                           |                              |                                       |                                       |
|                                  |                              |                                       |                                       |
| 5) Change                        |                              |                                       |                                       |
| Add                              |                              |                                       |                                       |
| Remove                           |                              |                                       |                                       |
| 6) Change                        |                              |                                       |                                       |
| Add                              |                              |                                       |                                       |
| Remove                           |                              |                                       |                                       |

## E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

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

| ARTICLE IX: DISSOLUTION   |
|---|
| Upon the termination, dissolution or winding up of the Corporation, the Board of Directors shall, after paying or making  |
| provision for the payment of all liabilities of the Corporation, distribute all assets of the Corporation to such         |
| organization or organizations organized and operated exclusively for charitable, educational or scientific purposes       |
| as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Code. Any such     |
| assets not so disposed of shall be disposed of by the Court in the State in which the principal office of the Corporation |
| is then located, exclusively for such purposes or to such organization or organizations as said Court shall determine.    |
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|      | e date of each amendment(s) adoption:  | , if other than the |
|------|--|---------------------|
| Effe | N/A ective date if applicable:  (no more than 90 days after amendment file date)   |                     |
|      | te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be sument's effective date on the Department of State's records. | listed as the       |
| Ado  | option 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.   |                     |
|      | Signature  (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)   |                     |
|      | Stephen K. Lawrence  |                     |
|      | (Typed or printed name of person signing)  |                     |
|      | President  |                     |
|      | (Title of person signing)  |                     |