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R. WHITE JUN 29 2018 FILED

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COVER LETTER

TO: Amendment Section Division of Corporations

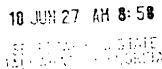
> P.O. Box 6327 Tallahassee, FL 32314

	ANC FOUNDATION	INC	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are s			
Please return all correspondence concerning this ma	atter to the following:		
LAWANDA LEBLANC			
	(Name of Contact P	erson)	
NA			
	(Firm/ Compan	y)	
5795 BARBADOS WAY			
	(Address)	· · · · · ·	
WEST PALM BEACH, FL 33407			
	(City/ State and Zip	Code)	
lleblanc1966@gmail.com			
E-mail address: (to be us	ed for future annual rep	ort notification	n)
For further information concerning this matter, pleas	se call:		
LaWanda LeBlanc	at	561	8898669
(Name of Contact Perso	on)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida E	Department of	State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	© □\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee Teate of Status Ted Copy Itional Copy is Deed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Am Div	eet Address endment Sect ision of Corpo ton Building	

2661 Executive Center Circle Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of



CRE'VON LEBLANC FOUNDATION INC		·
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)
N17000004129		
(Documer	nt Number of Corporation (if k	tnown)
Pursuant to the provisions of section 617,1006. Floridamendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
		The new
name must he distinguishable and contain the word "c "Company" or "Co." may not he used in the name	corporation" or "incorporated	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	<u> </u>	
(Principal office address <u>MUST BE A STREET ADI</u>	<u>ORESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		
<u> va va va va va va</u>		
		<u> </u>
D. If amending the registered agent and/or register new registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(F)	orida street address)
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept	the obligations of the position.
 -	Signature of New Regist	vered 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: XChange X Remove X Add	<u>V</u> <u>Mil</u>	in Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Ashley Linnell	4762 VICTORIA CIRCLE
Add			WEST PALM BEACH, FL 33409
X Remove 2) Change	VP	Constance Vereen	380 SW 8TH STREET
X Add			BELLE GLADE, FL 33430
Remove 3) Change	TR	Kimarie Jones	9655 Phipps In Wellington II 334M
X Add Remove			Willington SI 334M
4) Change Add	<u> </u>	Tangela Miller	5795 Barbados Warf Wort Palm Beach 2 38407
Remove 5) Change	D	Mariana Marton 1	200 LL HASI
X Add Remove	<u> </u>	Monique Wellons	Riviera Beach Fe
6) Change			
Add			
Remove			

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)				
					
					
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06/25/2018	
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 dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	:nt(s)
☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/we adopted by the board of directors.	re
Dated	
Signature Lawande Spanne	
(By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)	or or
LaWanda LeBlanc	
(Typed or printed name of person signing)	·········
President	
(Title of person signing)	_

. . . .