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Amend

AUG 0 8 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Chapter 1 Foundation INC. DOCUMENT NUMBER: N17000004285 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Travis Martin (Name of Contact Person) (Firm/ Company) Se Beechtree LANE (Address) STUART FLORIDA 34994

(City/State and Zip Code) Chapter 1 foundation of gmail. COM

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at 772 285-1284

(Area Code) (Daytime Telephone Number) Travis Martin (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\omega\$\$43.75 Filing Fee & \$\omega\$\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

•	of		
Chapter 1 F.	oundation	INC.	
(Name of Corporation as cur			
N17000004	285		
·	mber of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not F</i>	for Profit Corporation adopts the f	ollowing
. If amending name, enter the new name of the corpor	ration:		
			The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name. 3. Enter new principal office address, if applicable:	ration" or "incorporat	ed" or the abbreviation "Corp." o	r "Inc."
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>(Z</u>)	jún s	
		¥S.	<u> </u>
		<u> </u>	
Enter new mailing address, if applicable:		25	<u> </u>
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		<u>めた</u> 元	<u> </u>
			<u>≩</u>
		©	ے ق
			F
D. If amending the registered agent and/or registered o		a. enter the name of the	
new registered agent and/or the new registered office	e address:		
Name of New Registered Agent:			
		Florida street address)	
New Registered Office Address:	ı·		
		, Florida	
	(City)	(Zip Code)	
lew Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accep	ot the obligations of the position.	
	Signature of New Peri	stered Agent, if changing	
	Bignature Of New Regi	аютси луст, <i>у спин</i> уту	

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 <math>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	V Mil	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Ď	Steve Di Grossi	Port SAINT LUCK, FL 34987
Remove			
2) Change			
Add			
3) Change			
Add			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		## PACE 17 17 17 18 14 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Remove			

E. If amending or adding additio (attach additional sheets, if nece	nal Articles, enter ch ssary). (Be specific,	nange(s) here:		•
	•			
- 14				
,				<u></u>
			- ,	
	.*			
			<u></u>	

The date of each amendment(s) ad-	option:	, if other than the
late 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 Dep	ck does not meet the applicable statutory filing requirements artment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the a	mendment(s)
There are no members or memb adopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) was/were
Dated <u>7/31/</u>	2017	
Signature		
have not bee	nan or vice chairman of the board, president or other officer in selected, by an incorporator – if in the hands of a receiver, ppointed fiduciary by that fiduciary)	
Ira	vis Martin	
	(Typed or printed name of person signing)	
Pro	sident	
	(Title of person signing)	