N17000005448

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



200299406142

200299406142 05/31/17--01021--001 **35.00

Octions of the Constant Consta

JUN - 7 2017

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: The Jacobs' Cha	aritable Foundation, Corp.		
DOCUMENT NUMBER: N/70000	05448		
The enclosed Articles of Correction and fee	e are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
Carmeus Jacob Name of Contact Person			
The Jacobs' Charitable Firm/Company	le Foundation, Corp.		
1563 Georgia Street	NE Ste 3		
Palm Bay, FL 3290 City/State and Zip Code	7		
E-redil address: (to be used for future annual rep	ort notification)		
For further information concerning this mat	tter, please call:		•
Carmeus Jacob Name of Contact Person	at (321) 422-4296 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amou	nt:	٠ ،	>
□ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status		<u> </u>
□ \$43.75 Filing Fee & Certified Copy	□ \$52.50 Filing Fee, Certificate of Status & Certified Copy	7 163	
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	31 FK 2: 23	F CORPORATIONS

ARTICLES OF CORRECTION

For

The Jacobs' Charitable Foundation Name of Corporation as currently filed with the Florida Dept. of State	Corp.		
	,		
N 1700005448 Document Number (if known)			
Document Number (if known)			
rsuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes ese Articles of Correction within 30 days of the file date of the document be	this corporation being corrected.	files	
ese articles of correction correct <u>Title of the Office</u>	rs,		
ed with the Department of State on $\frac{5/24/20/7}{\text{(File Date of Document)}}$	_•		
ecify the inaccuracy, incorrect statement, or defect:			
Samantha J. Jacob, P			
			_
Carmeus Jacob, Sr , CH Cherelle K. Jacob , S			-
Chirene IX. Vacco , S			-
			-
			-
·			
rrect the inaccuracy, incorrect statement, or defect:		•	
Carmeus Jacob, Sr., P.			•
Cherelle K. Jacob, CH		<u> </u>	
Samantha J. Jacob, 5		<u> </u>	<u>-</u>
			. <u>se</u>
		7	. <u>≝</u> 200
		7.75 7.75 	至為
		دى	43
		_ా	
(Signature of a director, president or other officer - if directors or officers have		5	2000 2000 2000 2000 2000 2000 2000 200
not been selected, by an incorporator - if in the hands of the receiver, trustee, o other court appointed fiduciary, by that fiduciary.)	r	:. ⇔	
			S X
Carmeus Jacob, Sr.	Preside.	nt	
(Typed or printed name of person signing)	(Title of person signing)		

Filing Fee: \$35.00