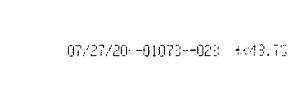
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	Carroll E. Streetman Sr	r. Foundation. Inc.			
	00010813				
		<u> </u>			
The enclosed Articles of Amendm	ent and fee are submit	ted for filing.			
Please return all correspondence c	oncerning this matter t	to the following:			
Collin Streetman					
	4)	lame of Contact P	erson)		
Carroll E. Streetman Sr. Foundati	on, Inc.				
	-	(Firm/ Compan	y)		
8001 Beaty Grove Drive					
		(Address)			
Tampa, FL 33626-1602					
	(C	City/ State and Zip	Code)	-	
cesbcba@fullspectrumaba.com					
E-mail	address: (to be used fo	or future annual re	port notification	1)	
For further information concerning	g this matter, please ca	ill:			
Collin Streetman		al	813	382-2722	
(Nam	e of Contact Person)			(Daytime Telephone Number	r)
Enclosed is a check for the follow	ing amount made pays	ible to the Florida	Department of	State:	
-		\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	D Filing Fee icate of Status ied Copy tional Copy is esed)	

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Carroll E. Streetman Sr. Foundation, Inc.

N17000010813		
(Document Numb	er of Corporation (if known)	<u>-</u> .,.
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
		The new
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name	tion" or "incorporated" or the	abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	8001 Beaty Grove Dr.	2979 Jiii 27 FII 6: 5
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Tampa, FL 33626-1602	(=
		27
		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8001 Beaty Grove Dr.	
· · · · · · · · · · · · · · · · · · ·	Tampa, FL 33626-1602	50
D. If amending the registered agent and/or registered office	ce address in Florida, enter t	he name of the
new registered agent and/or the new registered office a		
Name of New Registered Agent:		
505 E Jac	kson St., Suite 305	
	(Florida stre	et address)
<u>New Registered Office Address</u> :		22.02
Tampa		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent—I am fai	miliar with and accept the obli	gations of the position.
Si	gnature of New Registered Age	ent, 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 = ChiefExecutive 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 Do Mike Jo Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
l) Change Add		-		
Remove				
2) Change Add		-		
Remove 3) Change Add Remove		_		
4) Change Add		_	<u> </u>	
Remove 5)ChangeAdd		_		
Remove 6) Change Add		_		
Remove				
E. If amending or addin (attach additional shee			icles, enter change(s) here: (Be specific)	
			-	
				•

(no mo	re than 90 days after amend	lment file date)	
date this document was signed. Effective date <u>if applicable</u> :			
The date of each amendment(s) adoption:			, if other than th
		.,.	
			
			
			
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			<u>.</u>
			

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

Adoption of 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	2020				
	have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or burt appointed fiduciary by that fiduciary)				
	Coll	lin Streetman				
	_	(Typed or printed name of person signing)				
	Pres	sident				
		(Title of person signing)				