## N17000012478

(Requestor's	S Name)
(Address)	
(Address)	
(City/State/Z	(ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document I	Number)
Certified Copies Ce	ertificates of Status
Special Instructions to Filing Off	
	J. HORNE MAR 18 2023

Office Use Only



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01/10/23--01027--001 \*\*35.00



## **COVER LETTER**

Department of State Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

<sub>suвјест:</sub> The	Thank You Proj	PECT INC	
Enclosed are an original \$35.00 Filing Fee	ginal and one (1) copy of the results  \$43.75 Filing Fee & Certificate of Status	stated articles of incorpora \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status  OPY REQUIRED
FROM: J	ane Adler		

Name (Printed or typed)

6605 Southport Drive

Address

Boynton Beach, FI 33472

City, State & Zip

954-913-2181

Daytime Telephone number

Janea395@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the document.

## RESTATED ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit)

he name of the corporation is:	The Thank You Project Inc.
RETICLE II RESTATED the text of the Restated Article Article III	
Mission Statement	
Our mission is to build	healthy communities by transforming the power relationships
and structures that affe	ect our lives and communities. The Thank You Project Inc. supports
policy advocacy and lo	cal organizing as part of a comprehensive strategy for change.
Vision Statement	
We envision a worldd	n which all individuals, regardless of race gender, income level or
social status, are n	urtured and empowered to reach their full potential.
···	
<del>.</del> .	
<u>-</u>	

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	<u>PT </u> <u> </u>	ohn Doe	
X Remove	<u>v</u> !	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Ð	Judy Holiday	111 Shore Court unit 212
X Add			North Palm Beach, Fl 33408
Remove			
2) Change			
Add			
Remove			
3 ) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add Remove			
IX.UIUY-			

The name and Flo	<mark>rida street address</mark> (P.	O. Box NOT acceptable) of the registered agen	it is:
Name:			
Address:			
		accept service of process for the above stated the appointment as registered agent and agree	
	Required Signa	nture/Registered Agent	Date
		attion  s of incorporation supersede the original	nal articles of incorporation and
ARTICLE VII R	EQUIRED ADOPTION	<u>ON INFORMATION</u>	
Adoption of A	mendment(s)	(CHECK ONE)	
required member		poration contain an amendment to the ate of adoption of the amendments was pproval	
These restate	ed articles of incorp	poration were adopted by the board of	directors.

ARTICLE VIII EI	CCTIVE DATE:
Effective date, if oth	nan the date of filing: (OPTIONAL)
If an effective date	isted, the date must be specific and cannot be more than 90 days after the filing.)
	ed in this block does not meet the applicable statutory filing requirements, this date will not be listed as a date on the Department of State's records.
submit this docum locument to the Dep	and affirm that the facts stated herein are true. I am aware that the false information submitted in a nent of State constitutes a third degree felony as provided for in s.817.155, F.S.
D	12/09/2022
e:	Mo Co
51	(By a director, president or other officer – if directors or officer have not been selected, by an incorporator – if in the hands of a receiver, trustee of other court appointed fiduciary by that fiduciary)
	Jane R. Adler
	(Typed or printed name of person signing)
	Р

(Title of person signing)