N1800000 5558

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COVER LETTER

TO: Amendment Section Division of Corporations

Christmas Blan NAME OF CORPORATION:	kets For Seniors Corp		
N18000005558			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
James F Seymour			
	(Name of Contact Per	son)	
My Accounting Department			
 	(Firm/ Company)		
2400 South Ocean Dr Unit 6525			
·	(Address)		
Fort Pierce, FL 34949			
	(City/ State and Zip C	ode)	
jim@myaccountingdepartment.org			
E-mail address: (to be	used for future annual repo	rt notificatio	n)
For further information concerning this matter, pl	lease call:		
James F. Seymour		616	836-4346
(Name of Contact Po			(Daytime Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Florida De	epartment of	State:
	tus Certified Copy (Additional copy is enclosed)	Certi Certi (Add	i0 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address		et Address	
Amendment Section		endment Sect	
Division of Corporations	Divi	sion of Corp	orations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CHHISTMAS BLANKETS FOR SENIO	RS CORR	
(Name of Corporation as curr	entry mea with the Flor	ida Dept. of State)
. N18000005558		
(Document Nur	nber of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Florida State amendment(s) to its Articles of Incorporation:	ates, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
name must be distinguishable and contain the word "corpo "Company" or "Co," may not be used in the name.	ration" or "incorporated	The new T' or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>S</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(1-1	lorida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		the obligations of the position.
	Signature of New Regist	tered 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add,

Example: X Change X Remove X Add	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Treas	Diane Schullo	2023 St Lucie Blvd
X Add			Fort Pierce, F1, 34946
Remove			
2) X Change	Sec	Virginia Costello	305 Granada St
Add			Fort Pierce, FL 34949
Remove	Dire		Carmen Sepulveda
3) Change	——————————————————————————————————————		661 Hernando St
Add Remove			Fort Plerce, FL 34949
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessary). (Be specific) Article III: The specific purpose for which this corporation is organized is: EXCLUSIVELY FOR CHARITABLE PURPOSES UNDER SECTION OF THE INTERNAL REVENUE CODE OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. Article IV: The manner in which directors are elected or appointed is: AS DESCRIBED IN THE BYLAWS OF THE CORPORATION Article V: UPON THE DISSOLUTION OF THIS ORGANIZATION, ASSETS SHALL B E DISTRIBUTED TO ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(e)(3) OF THE INTERNAL REVENUE CODE OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR A STATE OR LOCAL GOVERNMENT, FOR PUBLIC PURPOSE. Existing Article V becomes Article VI Existing Article VI becomes Article VII Existing Article VII becomes Article VIII Existing Article VIII becomes Article IX

E. If amending or adding additional Articles, enter change(s) here:

The	e date of each amendment(s) adoption:	, if other than th
date	this document was signed.	
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nument's effective date on the Department of State's records.	be listed as the
Ado	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the 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 March 12, 2019	
	Signature (Signature Office 16 History	_ -
	By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	CARMEN D RIVERA SEPULVEDA	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	