

N18000005617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

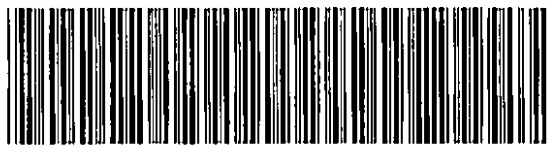
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/18/18--01020--007 **35.00

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2019 JAN 16 AM 10:55

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Amend

JAN 17 2019

JALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

THOMASO.SHONIYI CHARITY INC
NAME OF CORPORATION: _____

N18000005617
DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mr. Thomas o Shoniyi

(Name of Contact Person)

Thomas o shoniyi charity inc,

(Firm/ Company)

7265 us open blvd

(Address)

Jacksonville fl, 32277

(City/ State and Zip Code)

Banjiibr@outlook.com

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

For further information concerning this matter, please call:

Thomas O Shoniyi

904

329-0957

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2019

THOMAS O. SHONIYI
7265 US OPEN BLVD
JACKSONVILLE, FL 32277

SUBJECT: THOMASO.SHONIYI CHARITY INC
Ref. Number: N18000005617

We have received your document for THOMASO.SHONIYI CHARITY INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 619A00000227

RECEIVED
2019 JAN 16 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

Thomas o shoniya charity inc

(Name of Corporation as currently filed with the Florida Dept. of State)

N18000005617

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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2018 JAN 16 1:10:55
STATE OF FLORIDA
DEPT. OF REVENUE

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>SV</u>	<u>Taniqua Carter</u>	<u>7265 Us Open blvd</u>
<input checked="" type="checkbox"/> Add			<u>Jacksonville, fl 32277</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>DV</u>	<u>Brianna cook</u>	<u>7265 Us Open blvd</u>
<input checked="" type="checkbox"/> Add			<u>Jacksonville, fl 32277</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Article 3: Purpose for which this corporation is organized

Thomas O Shoniyi Charity Inc. Is a Non-Profit Environmental Group Missions organization educating people with diseases providing funding of water wells, spring protection, bio-sand filters and other clean water solutions. TOSC, Inc brings clean safe drinking water and basic sanitation while encouraging the proper disease preventive teaching of hygiene to poor people in developing countries.

Article 5: Officers

The corporation shall have a president (CEO/FOUNDER), a Secretary and a Treasurer.

A person may hold more than one office at one time.

The corporation shall be managed by no fewer than Three (3) members and no more than Nine (9) members

Members shall adopt Bylaws for the corporation. The bylaws may not be changed but can have additions by the majority vote by the officers in any manner permitted by the Bylaws.

Article 1: Name of Corporation

The corporation shall be known as "Thomas O. Shoniyi Charity Inc"

Article 4: BYLAWS

Each member will be guaranteed one vote unless related will be counted as one vote. Meetings are every first Tuesdays quarterly. Thomas O. Shoniyi Charity Inc requires board members to conduct business according to the highest ethical standards as by the BYLAWS. Members will be elected or voted by current voting board members, in a meeting according to bylaws. Dissolution of charity will be voted by members of voting board. Upon dissolution, and making provision payments of liability. All proceeds shall go to any public/private school chosen and voted by the voting board according to bylaws.

In witness whereof, I hereby set my hand and seal this 13th day of January, 2019

The date of each amendment(s) adoption: 1/13/2019, if other than the date this document was signed.

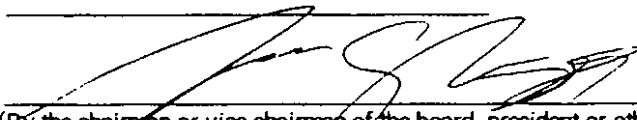
Effective date if applicable: 1/13/2019
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption 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 1/13/2019

Signature 
(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)

Thomas O. Shoniya

(Typed or printed name of person signing)

CEO/FOUNDER

(Title of person signing)