## N19000001526

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Havg Foundation ON:			_	
DOCUMENT NUMBER:	N19000001526				
The enclosed Articles of Ar	nendment and fee are subt	nitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
Shahe M. Momjian					
		(Name of Contact F	erson)		
Hayg Foundation, Inc.					
		(Firm/ Compan	y)		· <del></del>
4420 Exeter Dr. Unit 102					
		(Address)			
Longboat Key, FL 34228					
		(City/ State and Zip	Code)		
momjian@outlook.com					
	mail address: (to be used	for future annual re	port notitie	ation)	
For further information con-	erning this matter, please	call:			
Shahe Momjian		aı	941	330-7590	
	(Name of Contact Person)	)	(Area Co	de) (Daytime Telep	hone Number)
Enclosed is a check for the I	following amount made pay	yable to the Florida	Departmen	r of State:	
☑ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee Certified Copy (Additional copy enclosed)	is C	52.50 Filing Fee ertificate of Status ertified Copy Additional Copy is inclosed)	

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 Tullahassee, FL 32301

## Articles of Amendment Articles of Incorporation

100 St. 5.10 Hayg Foundation, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N19000001526 (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: n/a 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. n/a B. Enter new principal office address, if applicable: (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: (Florida street address) New Registered Office Address: Florida . (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

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 Dor 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>Y</u> <u>SV</u>	John Doe Mike Jones Sally Smith	Λlq	
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				·
Remove				
4) Change		-	<del></del>	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			<del></del>	
Add				
Remove				

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

	date of each amendment(s) adopt this document was signed.	ion:	, if other than the
Effe	ctive date <u>if applicable</u> :		
		(no more than 90 days after amendment file	date)
	e: If the date inserted in this block tument's effective date on the Depart	loes not meet the applicable statutory filing requent of State's records.	uirements, this date will not be listed as the
Ade	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cas	it for the amendment(s)
	There are no members or members adopted by the board of directors	entitled to vote on the amendment(s). The ame	endment(s) was/were
	Dated 6	/19	
	Signature	May	
	have not been s	or vice chairman of the board, president or oth elected, by an incorporator — if in the hands of a pinted fiduciary by that fiduciary)	
	Shahe M. M	omjian	
		(Typed or printed name of person si	gning)
	President		
		(Title of person signing)	
	Therework Shirley F	inauthorizar Brennan Monjian President	6/4/2019