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3/20/21

COVER LETTER

TO: Amendment Section Division of Corporations DAY OF REST FOUNDATION, INC NAME OF CORPORATION: N19000004682 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Wendy Agard (Name of Contact Person) (Firm/ Company) P.O. Box 4342 (Address) Apopka, Fl. 32704-4342 (City/ State and Zip Code) DOR. Foundation.inc. @gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 481-9701 agardw@yahoo.com (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Street Address Mailing Address Amendment Section Amendment Section

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

FILED

2021 FEB -4 PH 2: 16

DAY OF REST FOUNDATION, INC.

		SECRETARY OF CHAR
Name of Corporation as currently filed with the	Florida Dept. of State)	SECRETARY OF STATE TALLAMASSES, PL
N19000004682		Medinapote, At
(Docum	nent Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica		
(Principal office address <u>MUST BE A STREET A</u>	<u>DDRESS</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	stered office address in Florida	enter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:	Wendy Agard	
	3534 Kilmarnock Dr.	
	(F	lorida street address)
New Registered Office Address:		
	Apopka	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent:	
I hereby accept the appointment as registered agen	t. I am familiar with and accept	the obligations of the position.
	W. ag	eard
~	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 necessal)

Please note the officeddirector title by the first feller of the office title:

P = President: I= I'ice President; T= Treasurer. S= SecretGIJ: I3= Director; TR= frustee; C = Chairman or Clerk: CEO = Chief Executive Officer; CFO = ChiefFinancial Officer. {fan officer!director holds more than one title, list the first lelier of each office held President, Treasurer, Director would be IID.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the 1. There is a change. Mike Jones leaves the colporation. Sally Smith is named the Vand S. These should be noted as John Doe, PT as a Change. Mike Jones. Vas Remove. and Sally Smith. SJ- as an Add

Example: K_Change XRemove X Add	PT John D V Mike Ic SV Sally S	ones	
Type of Action (Check One)	Title	Name	Address
l) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove E If amending or additional sheet		Page 2 of 4 ticles, enter change(s) here: (Be spec(fic)	
Article III PURPOSE: II	Day of Rest Found	ation, Inc is organized exclusively for charital	ole purposes (relief of the elderly)
under section 501(c)(3)	of the Internal Rev	enue Code, or corresponding section of any fi	sture federal tax code
Article IV DISTRIBUTION	on of assets u	JPON DISSOLUTION Upon dissolution of	this Organization, assets shall
be distributed for one or	more exempt pur	poses within the meaning of section 501 (c)(3)	of the Internal Revenue Code, or
corresponding section of	any future Federa	l Tax Code.	

<u> </u>	
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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.

uopieu by the b	oard of directors.
Dated	1-dd-dc21
Signatu	
	(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)
	Wendy Agard
	(Typed or printed name of person signing)

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