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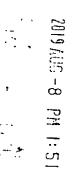
(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Daneish NAME OF CORPORATION:	ia Renea Foundation,	Inc.			
N19000048	347				
The enclosed Articles of Amendment and	fee are submitted for fil	ing.			
Please return all correspondence concerni		_			
Darren A. Mason Sr.					
	(Name of C	ontact Person)	-		
	(F) (<i>c</i> -	<u> </u>		
	(Firm/	Company)			
3355 Millcrest Dr					
	(Ad	dress)			
Jacksonville, FL ,32277					
	(City/ State	and Zip Code)		10	
Darren.a.mason2@gmail.com					
E-mail address	: (to be used for future a	nnual report not	ification)	
For further information concerning this ma	atter, please call:				
Darren Mason		904 at		629-7049	
(Name of Cor	ntact Person)	(Area	Code)	(Daytime Telephone Nun	iber)
Enclosed is a check for the following amo	unt made payable to the	Florida Departn	nent of S	State:	
	lling Fee & \$\Bigs\\$43.75 Fi e of Status	Copy al copy is	Certifi Certifi	D Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address		Street Ad	dress		

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



DANEISHIA RENEA FOUNDATION, INC		2019 AUG - 8	PM 1:51
(Name of Corporation as curre	ntly filed with the Fl		
N19000004847		,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Document Num	ber of Corporation (if	known)	
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not I</i>	For Profit Corporation adop	ts the following
A. If amending name, enter the new name of the corpora	ition:		
CHAMPION CARES, INC			The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporat	ed" or the abbreviation "Co	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	fice address in Florid address:	a, enter the name of the	
Name of New Registered Agent: N/A			
New Registered Office Address:	(Florida street address)	
N/A —	(Citv)	, Florida (Zip Code	e)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am f	d Agent:	, ·	
	Signature of New Regi	istered 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 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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
N/A Change	N/A	N/A	N/A
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

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

	date of each amen this document was	dment(s) adoption: July 28, 2019 signed.	_, if other than the
Effe	ective date <u>if applic</u>	(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not be te on the Department of State's records.	e listed as the
4dc	ption of Amendme	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	
	There are no membadopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.	
	Dated	JULY 28,2019	
	Signature	Da Ja	_
	(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)	
		Darren Mason Sr	
		(Typed or printed name of person signing)	
		Vice President	
		(Title of person signing)	