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SECRETARY OF STATE

ME 29 AM SCHROEDER

COVER LETTER

Division of Corporations strong Foundation, Inc. NAME OF CORPORATION: N19000007589 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) (City/ State and Zip Code) For further information concerning this matter, please call:

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

TO: Amendment Section

Certificate of Status

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

\$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

Articles of Amendment to

Articles of Incorporation

NIA	
(Name of Corporation as currently filed with the Florida Dept. of State)	
11190000-589	

(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 corpora	The new
name must be distinguishable and contain the word "corpore "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address)	ation" or "incorporated" or the abbreviation "Corp." or "Inc." NA S)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	494 N. Manatee Ave. Arcadia, FL 34266
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office Name of New Registered Agent:	fice address in Florida, enter the name of the address: Alexander SE T
New Registered Office Address:	(Florida street address) (Florida street address) (City) (City) (City) (City) (City) (City) (City) (City)

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.				
a change, Mike Jones	leaves the c		Doe is listed as the PST and Mike Jones is listed as the V I the V and S. These should be noted as John Doe, PT as a	
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)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change Add Remove				- -
2) Change Add Remove				-
			SECRELARIA	- - ,
4) Change Add Remove			28 AH 9: 00 KY OF STALE SEE HURRIDA	
5) Change Add Remove				- -
6) Change Add				_

_____ Remove

. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
NIA		
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		9: 00
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	date of each amendment(s) adoption: 19419 this document was signed.	, if other than the
Effec	ctive date <u>if applicable:</u>	
	(no more than 90 days after amendment file date)	
Note: docur	2 If the date inserted in this block does not meet the applicable statutory filing requirements, this diment's effective date on the Department of State's records.	ate will not be listed as the
Adop	ption of Amendment(s) (<u>CHECK ONE</u>)	
攻	The amendment(s) was/were adopted by the members and the number of votes east for the amendment/was/were sufficient for approval.	nent(s)
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/vadopted by the board of directors.	vere
	Dated 8 210 19	
	Signature Himblight Household (By the chairman or vice chairman of the board, president or other officer-if dire have not been selected, by an incorporator – if in the hands of a receiver, trusted	
	CTyped or printed name of person signing)	
	President of Bulldog Strong (Title of person signing)	g Foundation
		FILED 19 AUG 28 AM 9: 0 SECRETARY OF STATEMENT AHASSEE, FLORE