N1900000 8334

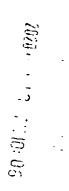
| (Re | questor's Name) | |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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Michel

94,7 17820 LALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

| Character Conne NAME OF CORPORATION: | | | |
|--|---------------------------|------------------------------|---|
| DOCUMENT NUMBER: | | | |
| The enclosed Articles of Amendment and fee are | submitted for filing. | | |
| Please return all correspondence concerning this | matter to the following: | | |
| Katic McPartland | | | |
| | (Name of Contact I | erson) | - |
| Character Connection, Inc | | | |
| | (Firm/ Compar | ıy) | |
| PO Box 51538 | | | |
| | (Address) | | |
| Sarasota, FL 34232 | | | |
| | (City/ State and Zip | Code) | - |
| thecharactercommunity@gmail.com | | | |
| E-mail address: (to be | used for future annual re | eport notificati | on) |
| For further information concerning this matter, pl | lease call: | | |
| Katie McPartland | s | 850 | 5438694 |
| (Name of Contact Pe | erson) | (Area Code | (Daytime Telephone Number) |
| Enclosed is a check for the following amount ma | de payable to the Florida | Department of | of State: |
| ■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta | | is Cert (Ad- | 50 Filing Fee ificate of Status ified Copy ditional Copy is closed) |
| Mailing Address Amendment Section | | treet Address mendment Se | |

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

Amendment Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 28, 2020

KATIE MCPARTLAND P.O. BOX 51538 SARASOTA, FL 34232

SUBJECT: CHARACTER CONNECTION, INC.

Ref. Number: N19000008334

We have received your document for CHARACTER CONNECTION, 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):

The date of adoption of each amendment must be included in the document.

The document must have original signatures.

You failed to sign the form.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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: 720A00018628

www.sunbiz.org

L' DA DAY GOOR MILL

Articles of Amendment to Articles of Incorporation of

| Character Connection, Inc | | |
|--|----------------------------------|---|
| (Name of Corporation as currently filed with the Florida | Dept. of State) | |
| N19000008334 | | |
| (Document Num | ber of Corporation (if ki | nown) |
| Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation: | ites, this <i>Florida Not Fo</i> | r Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corpora | ation: | |
| N/A | | The new |
| name must be distinguishable and contain the word "corpor "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 | <u>S</u>) | 200 |
| | | IP. |
| | | , |
| C. Enter new mailing address, if applicable: | N/A | . |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | |
| | - | 7110: U |
| | | C C |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent: N/A | | enter the name of the |
| | · · | lorida street address) |
| New Registered Office Address: | () | or an spect maress |
| N/A | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am j | | the obligations of the position. |
| | Signature of New Regist | ered 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> | <u>Addres</u> s |
| 1) Change Add | | N/A | |
| 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 shed | ng additi ets, if nec | onal Articles, enter change(s) here: essary). (Be specific) | |
| Article IX - In the event | of dissolu | ntion of the organization, any and all remaining as | sets shall be used for the exempt |
| purposes, or donated to a | nother qu | nalified exempt organization with a similar purpos | e. |
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| m v r l l l // N/A | her than the |
| The date of each amendment(s) adoption: N/A | ner man me |
| | |
| Effective date if applicable: | |
| (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 liste | d 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(adopted by the board of directors. | s) was/were |
|--|-------------|
| Signature (By the chairman or vice chairman of the board, president or other office have not been selected, by an incorporator – if in the hands of a receiver other court appointed fiduciary by that fiduciary) | |
| (Typed or printed name of person signing) | |
| (Title of person signing) | |