## N190000 12304

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| PICK-UP                 | WAIT                 | MAIL              |
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| Certified Copies        | Certificates         | of Status         |
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| Special Instructions to | o Hilling Officer;   |                   |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| THE JOHN AND G  | ENEVIEVE WILSON FO  |  |
|---|---|--|
| N19000012304  |   |  |
| DOCUMENT NUMBER:  |   |  |
| The enclosed Articles of Amendment and fee are sub            | mitted for filing.  |  |
| Please return all correspondence concerning this matt         | er to the following:  |  |
| WORTH T BLACKWELL   |   |  |
|   | (Name of Contact Person   | n)   |
| THE BLACKWELL LAW GROUP P A                                   |   |  |
|   | (Firm/ Company)   |  |
| 146 2ND ST N SUITE 310  |   |  |
|   | (Address)   |  |
| ST PETERSBURG FL 33701  |   |  |
|   | (City/ State and Zip Cod  | e)   |
| WORTH@THEBLACKWELLLAWGROUP.COM                                |   |  |
| E-mail address: (to be use                                    | d for future annual report  | notification)  |
| For further information concerning this matter, please        | e call:   |  |
| WORTH T BLACKWELL   | 72<br>at  | 7 480-8680   |
| (Name of Contact Person                                       |   | rea Code) (Daytime Telephone Number)   |
| Enclosed is a check for the following amount made p           | ayable to the Florida Dep   | artment of State:  |
| ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Mailing Address Amendment Section                             |   | Address  |

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

**Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

THE JOHN AND GENEVIEVE WILSON FOUNDATION INC

| THE JOHN AND GENEVIEVE WILSON FOUN  | IDATION INC            |                          |                         | 9, 7         |
|---|------------------------|--------------------------|-------------------------|--------------|
| (Name of Corporation as currently filed with the  | e Florida Dept. of     | State)                   |                         |              |
| N19000012304  |                        |                          |                         | ,,           |
| (Docum  | ment Number of Co      | rporation (if known)     |                         | 7            |
| Pursuant to the provisions of section 617,1006, Flo<br>amendment(s) to its Articles of Incorporation: | orida Statutes, this F | lorida Not For Profit (  | Corporation adopts th   | ne following |
| A. If amending name, enter the new name of th   | e corporation:         |                          |                         |              |
| THE JAMES AND GENEVIEVE WILSON FOUR   |                        |                          |                         | The new      |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam       |                        | "incorporated" or the    | abbreviation "Corp."    | or "Inc."    |
| B. Enter new principal office address, if applica   | N/A                    |                          |                         |              |
| (Principal office address MUST BE A STREET A  |                        |                          |                         | · · ·        |
| 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 regi   | stered office addre    | ess in Florida, enter th | e name of the           | <u> </u>     |
| new registered agent and/or the new register  |                        |                          |                         |              |
| Name of New Registered Agent:   | N/A                    |                          | -1-1-4                  |              |
|   | N/A                    |                          |                         |              |
|   |                        | (Florida stree           | i address)              |              |
| New Registered Office Address   | :<br>N/A               |                          | , Florida               |              |
|   | (City)                 | )                        | (Zip Code)              |              |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen      |                        | ith and accept the oblig | zations of the position |              |
| -   | Signature              | of New Registered Age    | nt, 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              | PT         John D           V         Mike J           SV         Sally S | ones  |                 |
| Type of Action<br>(Check One)                 | <u>Title</u>  | <u>Name</u>   | <u>Addres</u> s |
| 1) NA Change Add                              | N/A   | N/A   |                 |
| Remove  |   |   |                 |
| 2) Change<br>Add                              | <del></del>   |   |                 |
| Remove 3) Change Add Remove                   |   |   |                 |
| 4) Change Add                                 |   |   |                 |
| Remove  |   |   |                 |
| 5) Change Add                                 |   | ***************************************                 |                 |
| Remove  |   |   |                 |
| 6) Change Add                                 |   |   |                 |
| E. If amending or addi (attach additional she | ng additional Ar<br>ets, if necessary).                                   | Page 2 of 4 ticles, enter change(s) here: (Be specific) |                 |
| N/A   |   |   |                 |
|   |   |   |                 |
|   | <u> </u>  |   |                 |
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| Page 3 of 4  |
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| The date of each amendment(s) adoption:, if other than the date this document was signed.  |
| Effective date if applicable:  DECEMBER 1 2019   |
| (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 listed 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.   |

| adopted by the boa | and of directors.   |
|--------------------|---|
| Dated              | DECEMBER 8 20019  |
| Signature          | Muchal D Wila   |
| (                  | 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) |
|                    | MICHAEL WILSON  |
|                    | (Typed or printed name of person signing)   |
|                    | CHAIRMAN OF BOARD AND PRESIDENT   |
|                    | (Title of person signing)   |

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

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