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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
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S. YOUNG

## **COVER LETTER**

TO: Amendment Section Divis

Division of Corporations		₩
FIRST LIGHT FOUNDATION		
MAND OF CORPORATION.		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submitted fo	or filing.	
Please return all correspondence concerning this matter to the	following:	
THOMAS LEWIS		
(Name o	of Contact Person)	
(Fir	rm/ Company)	
908 ANTIGUA AVE		
	(Address)	
FORT PIERCE, FL 34982		
(City/ S	State and Zip Code)	
TOML@FIRSTLIGHTTACKLE.COM		
E-mail address: (to be used for futu	re annual report notification	1)
For further information concerning this matter, please call:		
ROGER HALVERSON	772 at	708-7037
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	the Florida Department of	State:

■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status

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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida	Dept. of State)		
FIRST LIGHT FOUNDATION INC			
(Document Numb	per of Corporation	(if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida N</i>	lot For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corpora	tion:		
FIRST LIGHT GIVING FOUNDATION, INC			The new
name must be distinguishable and contain the word "corpord "Company" or "Co." may not be used in the name.	ition" or "incorpe	orated" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS			
			<del></del>
			<u> </u>
		77.	\$
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	7 mm	2
(maining mainess MATE DESIGNOST OF THEE DOW)		(17) C	PX
		no"	~ ~>
		해 가고 19	က္
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office:		orida, enter the name of the	
N/A	addi 633.		
Name of New Registered Agent:		•	
		(Florida street address)	
New Registered Office Address:			
	· · · · · · · · · · · · · · · · · · ·	, Florida, Florida, (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		accept the obligations of the position.	
<u></u>	Signature of New I	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.

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 De V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) N/A Change Add	N/A		
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove		Page 2 of 4	
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
N/A			
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	Page 3 of 4	
	rage 3 th 4	
		, if other than the
date this document was signed.		
Effective date if applicable:	o more than 90 days after amendment file a	date)
Note: If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory filing requor of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes case	t for the amendment(s)

1.5

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 1/2/29
Signature  (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)
THOMAS LEWIS
(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)