## N20000006449

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| Q. SILAS                                |
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

| NAME OF CORPORATI            | The Joshua Foundati                         | tion of Hernando County,  | Inc.               |  |     |
|------------------------------|---|---|--------------------|--|-----|
| DOCUMENT NUMBER:             | N20000006449                                |   |                    |  |     |
| The enclosed Articles of Ar  |   | mitted for filips   |                    |  |     |
| *                            |   | · ·   |                    |  |     |
| Please return all correspond | ience concerning this man                   | ter to the following:   |                    |  |     |
| Deborah Hogan                |   |   |                    |  |     |
|                              |   | (Name of Contact Perso  | n)                 |  |     |
| The Hogan Law Firm           |   |   |                    |  |     |
|                              |   | (Firm/ Company)   |                    |  |     |
| 20 S. Broad St.              |   |   |                    |  |     |
|                              |   | (Address)   |                    |  | -   |
| Brooksville, FL 34601        |   |   |                    |  |     |
|                              |   | (City/ State and Zip Cod  | le)                |  |     |
| registeredagents@hoganlav    | vfirm.com                                   |   |                    |  |     |
|                              | E-mail address: (to be use                  | d for future annual report  | notification       | n)   |     |
| For further information con  | cerning this matter, please                 | e call:   |                    |  |     |
| Deborah Hogan                |   | 35<br>at  | 2-799-8423         |  |     |
|                              | (Name of Contact Person                     |   | rea Code)          | (Daytime Telephone Numb  | er) |
| Enclosed is a check for the  | following amount made p                     | ayable to the Florida Dep   | artment of         | State:   |     |
| <b>≡</b> \$35 Filing Fee     | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | Certifi<br>Certifi | Filing Fee<br>cate of Status<br>ed Copy<br>ional Copy is<br>sed) |     |
| Mailing A                    | Address                                     | Stroot  | 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

FILED

The Joshua Foundation of Hernando County, Inc. <u> 2021 DEC 10 - PM 12: 43</u> (Name of Corporation as currently filed with the Florida Dept. of State) N20000006449 (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 corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) 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.

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<br>V<br>SV | John Do<br>Mike Jo<br>Sally Sr | ones   |   |
|---|---------------|--------------------------------|--|---|
| Type of Action<br>(Check One)                   | <u>Title</u>  |                                | Name   | <u>Addres</u> s                                   |
| 1) Change Add                                   | D             | _                              | Lindsey Morgan                               | 12091 West Cedar Gate Lane<br>Homosassa, FL 34448 |
| Remove  |               |                                |  |   |
| 2) Change Add                                   |               |                                |  |   |
| Remove 3) Remove Add Remove                     |               | _                              |  |   |
| 4) Change Add                                   |               | -                              |  |   |
| Remove  5) Change Add Remove                    |               | -                              |  |   |
| 6) Change Add                                   |               | -                              |  |   |
| E. If amending or addin (attach additional shee |               |                                | cles, enter change(s) here:<br>(Be specific) |   |
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| The date of each amendment(s) or   | loption:   | , if other than the    |
| date this document was signed.   | Topaou.  | , if odder dam into    |
| _  |  |                        |
| Effective date if applicable:  | (no more than 90 days after amendment file date)   |                        |
|  | (no more mun 70 aays after amenament fite aate)  |                        |
| Note: If the date inserted in this blo document's effective date on the De | ck does not meet the applicable statutory filing requirements, this date will partment of State's records. | I not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)  |                        |
| The amendment(s) was/were ac was/were sufficient for approva               | dopted by the members and the number of votes cast for the amendment(s) al.                                | ,                      |

| 3 | 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 December 3,21  |
|   | Signature Adult Daure  |
|   | (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) |
|   | Judith David Judith David  |
|   | (Typed or printed name of person signing)  |
|   | Director/Chairman President  |
|   | (Title of person signing)  |
|   |  |

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