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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : THERREL BAISDEN, LLP

Account Number : I20140000065 : (305)371-5758

; (305)371-3178 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: MHasner OT

COR AMND/RESTATE/CORRECT OR O/D RESIGN DAVID REID TOPPING FAMILY FOUNDATION INC.

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TO: Amendment Section

Tallahassee, FL 32314

COVER LETTER

From: ATA Connector

Division of Corporations			ť	
NAME OF CORPORATION:	ID TOPPING FAMILY		ON INC	
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee	are submitted for filing.			
Please return all correspondence concerning	this matter to the followi	ng:		
MARK M. HASNER				
	(Name of Cont	act Person)		
THERREL BAISDEN, LLP				
	(Firm/ Cor	npany)		
ONE SE 3RD AVE, STE 2950				
	(Addre	ss)		
MIAMI, FL 33131				
	(City/ State and	Zip Code)		-
MHASNER@THERRELBAISDEN.COM				
E-mail address: (1	to be used for future annu	al report not	ification)
For further information concerning this matt	er, please call:			
MARK M. HASNER		305 at		371-5758
(Name of Conta	ct Person)	(Area	Code)	(Daytime Telephone Number)
Enclosed is a check for the following amoun	it made payable to the Flo	orida Departr	nent of S	State:
S35 Filing Fec S43.75 Filing Certificate o	g Fee & S43.75 Filing f Status Certified Co (Additional of enclosed)	рy	Certifi Certifi	Filing Fee cate of Status ed Copy jonal Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Ad Amendme Division of The Cent	ent Secti of Corpo	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

From: ATA Connector

	to
	Articles of Incorporation
	of
DAVID REID TOPPING FAMILY FOUNDATION	, INC.

N20000012536		
(Document Number	er of Corporation (if known)	
fursuant to the provisions of section 617.1006, Florida Statutes mendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the	following
. If amending name, enter the new name of the corporation	on:	
		The new
ame must be distinguishable and contain the word "corporati	ion" or "incorporated" or the abbreviation "Corp." o	r "Inc."
Company" or "Co." may not be used in the name.	,	2
Enter new principal office address, if applicable:	<u></u>	77
Principal office address MUST BE A STREET ADDRESS)		5
		7
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	;	<i>?</i> >
•		,
). If amending the registered agent and/or registered offic	ce address in Florida, enter the name of the	
new registered agent and/or the new registered office ad	ddress:	
		
Name of New Registered Agent:		
	(Flurida street address)	
New Registered Office Address:		
	Florida	
	(City) , Florida, Florida	
New Registered Agent's Signature, If changing Registered, hereby accept the appointment as registered agent. I am fan	Agent: miliar with and accept the obligations of the position.	
Sig	gnature of New Registered Agent, if changing	

From: ATA Connector

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 Doc 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 Do V Mike Jo SV Sally St	nes	20
Type of Action (Check One)	Title	<u>Name</u>	Address 222
1) Change Add	<u>ID</u>	MARIO LAMAR	10 EDGEWATER DRIVE APT. 12 A/C
x Remove			CORAL GABLES, FL 33133
2) Change Add	TD	NICHOLAS F. BRADY, III	4094 GLEN DEVON DR. NW ATLANTA, GA 30327
Remove Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addi (attach additional she	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	

From: ATA Connector	11/16/2021 4:06:08 PM	p. 6 of 7
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adoption:		, if other the
(no more than 90 days after am	endment file date)	
·		ot be listed as th
<u></u>	adoption: (no more than 90 days after amonotok does not meet the applicable statute	adoption: (no more than 90 days after amendment file date) plock does not meet the applicable statutory filing requirements, this date will in

10961.7

	There are no memiadopted by the box	pers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
	Dated	11-11-21
	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 bouciary by that fiduciary) DAVID R. TOPPING
		(Typed or printed name of person signing)
		PRESIDENT
		(Title of person signing)

2021 NOT 17 \$511:25