## N21000001815

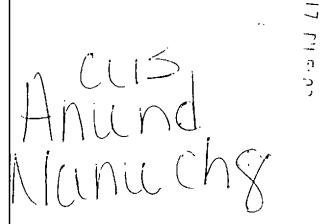
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATI	WWOTT Factor F	oundation Inc.		
DOCUMENT NUMBER.	N21000001815			
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this mat	ter to the following:		
		Tana Grant		
		(Name of Contact Po	erson)	
	ww	OTT Factor Foundati	ion Inc.	
	<del></del>	(Firm/ Company	/)	
		4700 Millenia Blvd, S	uite 175	
-	<del></del>	(Address)		
		Orlando, FL 328	339	
		(City/ State and Zip	Code)	
		t.grant@wwott.	com	
I	-mail address: (to be use	d for future annual rep	port notification	<u>n</u> )
For further information con	cerning this matter, please	e call:		
Tana Grant		af	(321)	274-2480
	(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A	Address	Str	reet Address	

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

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	a Dept. of State)	
WWOTT Factor Foundation Inc. N21000001815	5	Œ
(Document Nun	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	rutes, this Florida Not For Profit Corporation adopts the following	lowing
A. If amending name, enter the new name of the corpor The WWOTT Foundation Inc.		ie new
name must be distinguishable and contain the word "corpor" (Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or	
B. Enter new principal office address, if applicable:	4700 Millenia Blvd	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u> ) Suite 175	
	Orlando, Florida 32839	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4700 Millenia Blvd	
	Suite 175	
	Orlando, Florida 32839	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am		
	Signature of New Registered Agent if changing	· <del></del>

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 Jo           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	T,D	George Rodgers III	814 Mulberry Bush Court
x Remove			Orlando, Florida 32828
2) Change Add	<u>s,D</u>	Wayne Dixson	17269 Orange Blvd
X Remove 3) Change Add	<u>S,D</u>	Jeremy Carter	Loxahatchee, Florida 33470
Remove			Orlando, Florida
4) Change Add			
Remove			
5) Change Add	<del></del>		
Remove			
6) Change Add			
Remove			
E. If amending or adding (attach additional shee		icles, enter change(s) here: (Be specific)	
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	·	······································		<del></del>
The date of each amendment(s) adoption: date this document was signed.	December 7, 2021			, if other than th
Effective date if applicable:	December 7, 2021			
(ne	o more than 90 days after	amendment file da	te)	
Note: If the date inserted in this block does a document's effective date on the Department	not meet the applicable st of State's records.	atutory filing requir	rements, this date will no	ot be listed as the
Adoption of Amendment(s)	CHECK ONE)			

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 $\frac{12}{7}$
Signature  (By the chairman of the board, president or other officer-if directors
have not been calcuted by an incorporator, lifty the hands of a secritor trustee on
have not been selected, by an incorporator - if in the hands of a receiver, trustee, or
other court appointed fiduciary by that fiduciary)
Hrdra Kiahn
(Typed or printed name of person signing)
(Title of person signing)
$0 \cdot \sqrt{}$