## N21000007115

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	CHAEL GEORGE FOR	RESTJR MEM	ORIAL	FOUNDATION INC
DOCUMENT NUMBER:			<u> </u>	
The enclosed Articles of Amendment and	fee are submitted for fil	ing.		
Please return all correspondence concernir	g this matter to the follo	owing:		
WARREN D. REID				
	(Name of C	ontact Person)		
REIDS INCOME TAX & COMPUTER S	ERVICE, LLC			
	(Firm/	Company)		<del></del>
5419 NORTH STATE ROAD 7				
	(Ac	ldress)	_	
TAMARAC, FL 33319-2921				
	(City/ State	and Zip Code)		
w.reid1993@gmail.com				
E-mail address:	(to be used for future a	nnual report no	tification	)
For further information concerning this ma	itter, please call:			
WARREN REID		954 at		717-0651
(Name of Con	tact Person)		Code)	(Daytime Telephone Number)
Enclosed is a check for the following amor	ant made payable to the	Florida Depart	ment of	State:
☐ \$35 Filing Fee ■\$43.75 Fili Certificate	of Status Certified	Copy al copy is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address		Street Ac	<u>idress</u>	

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

N21000007115 (Name of Corporation as currently filed with the Florida Dept. of State) N21000007115 (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: 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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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 A Add	PT         John Do           V         Mike Jo           SV         Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>P</u>		6201 NW 19TH STREET SUNRISE, FL 33313
_x Remove			
2) Change Add	<u>P</u>	FORREST, MICHAEL G, SR	6201 NW 19TH STREET SUNRISE, FL 33313
Remove 3) Remove Add Remove			
4) Change Add	<del></del>		
Remove 5) Change Add			
Remove 6)ChangeAdd			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoption:	06/21/2021			if ather than the
date this document was signed.				_, if other than the
06/21/2021				
- killective date il applicable:	o more than 90 days after a	nandment file date)		
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statu t of State's records.	itory filing requiremen	nts, this date will not	be listed as the
Adoption of Amendment(s)	CHECK ONE)			
■ The amendment(s) was/were adopted b	y the members and the numb	per of votes cast for th	e amendment(s)	

was/were sufficient for approval.

There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.			
Dated	06/21/2021			
Signatur	An autority			
(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 G FORREST SR.			
	(Typed or printed name of person signing)			
	PRESIDENT			

(Title of person signing)