Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LIESER SKAFF ALEXANDER, PLLC

Account Number : 120150000057 Phone : (813)280-1256 Fax Number : (813)251-8715

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

Email Address: \_\_mshealy@basisfoundation.org

## COR AMND/RESTATE/CORRECT OR O/D RESIGN BASIS ENDOWMENT FOUNDATION, INC.

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P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

## COVER LETTER

Division of Corporati	ions				
NAME OF CORPORAT	Basis Endowment	Foundation, Inc.			
DOCUMENT NUMBER	N22000013256				
The enclosed Articles of A					
Please return all correspon		_			
Ghada Skaff					
		(Name of Contact)	Person)		
Lieser Skaff Alexander					2023 OCT - 2
		(Firm/ Compa	ny)		
403 North Howard Ave					2 AH
-		(Address)	<u>-</u>		9.
Tampa, PL 33606					25
		(City/ State and Zip	Code)	<del></del>	
mshealy@basis foundation.	org				
	E-mail address: (to be use	d for future annual re	port notificat	ion)	
For further information con	cerning this matter, pleas	c call;			
Ghada Skaff			813	280-1256	
-	(Name of Contact Person	1)	(Area Code	) (Daytime Telepho	one Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Department o	of State:	
屬 \$35 Filing Pee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy enclosed)	Cen is Ceri (Ad	.50 Filing Fee tificate of Status tified Copy ditional Copy is closed)	
Division o P.O. Box	ent Section of Corporations	Ar Di	reet Address nendment Servision of Cor to Contre of	ction	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To.

H230003459153

## Articles of Amendment to Articles of Incorporation of

Basis Endowment Foundation, Inc.				
(Name of Corporation as currently filed with the N22000013256	ie Florida	Dept. of State)		<del></del>
(Docu	ment Numi	ber of Corporation (if kn	own)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Status	tes, this <i>Florida Not For</i>	Profit Corporation adopts	the followin
A. If amending name, enter the new name of th	e cornora	tion:		
N/A		<u> </u>		
name must he distinguishable and contain the word "Company" or "Co," may not be used in the nam	d "corpora	ntion" or "incorporated"	or the abbreviation "Corp	The new
B. Enter new principal office address if applies	hle	N/A		<u> </u>
(Principal office address MUST BE A STREET A	DDRESS	)		
				5-1 N
				ري <u>حور</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	##1377	N/A		
MEATON VETER	<u>O(A)</u>	<u> </u>		
). If amending the registered agent and/or regis	tered offic	<u>ce address in Fl</u> orida, e	iter the name of the	
new registered agent and/or the new register	ea office a	ddress;		
Name of New Registered Agent:	Lieser Ski	aff Alexander, PLLC		
	403 North	Howard Ave		
New Registered Office Address:		(Flora	la street address)	-
	Tampa		FI	
·	- <del></del>	(City)	, Florida FL (Zip Code)	<del></del> .
ew Registered Agent's Signature, if changing R hereby accept the appointment as registered agent.	egistered ; . I un: fan	Apent: Alliar with and accept the	,	
<del></del> -	<u> </u>	Walter of N= 1		
Ċ	Sig	mixure of New Registere	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:

Τo

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X.Change X.Remove X. Add		Dge : Jones 2 Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) NA Change Add	<u>N/A</u>	N/A	N/A	
Remove				_
2) Change Add			3	, <b>2023</b> ,001
Remove 3) Remove 4 Add 6 Remove				[,-2]
4) Change Add			` · · · ·	AH 9: 2
Remove				8
5) Change Add				
Remove				
6) Change Add		·		_ 
Remove				
E. <u>If amending or addin</u> (nuach additional shee	ig additional Ar is, if necessary).	ticles, enter change(s) here: (Be specific)		-
N/A				
1 1/4 2	···			
<del></del>	·			
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	-

ram:	Danielle	Sonntag	

Fax: 18132518715 To:

Fax: (850) 617-6380

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		N 1
		9. 2
	-	-01
The date of each amendment(s) adoption this document was signed.	ption:	. if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	
document's effective date on the Depa	does not meet the applicable statutory filing require rtment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ador was/were sufficient for approval.	oted by the members and the number of votes cast fo	r the amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Fax: 18132518715

October 1, 2023 Dated

Ta:

Signature

(Ny the chairman or vice chairman of the board, presidentor other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, if usice, or other court appointed fiduciary by that fiduciary)

Michael Shealy

(Typed or printed name of person signing)

CHAIR F CED

(Title of person signing)