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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	DN: <u>23-5</u>	Foundation	n Inc	
DOCUMENT NUMBER:				
The enclosed Articles of Am	endment and fee are sub	omitted for filing.		
Please return all corresponde	ence concerning this mat	ter to the following:		
<u> </u>	muel	(Name of Contact Persor	)	
		(Firm/ Company)		
1580	Texas f	(Address)  32536 (City/ State and Zip Code		
	,	(Address)		
Crestuie	2w, FL 3	72536		
	γ	(City/ State and Zip Code	2)	
		d for future annual report i		
For further information conc		·	lotification,	
To further smorthation cone	erning out matter, preas			
	(Name of Contact Perso	n) (Ar	ea Code) (Daytime Telephone N	lumber)
Enclosed is a check for the f	ollowing amount made p	payable to the Florida Depa	irtment of State:	
☐ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing A	<del></del>		Address	

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



## Articles of Amendment to Articles of Incorporation of

23 15 Foundation	Tric		
(Name of Corporation as currently filed with the I	Florida Dept. of State	)	10
NOSCYCOL	)841		
(Docume)	ent Number of Corporat	ion (if known)	-
Pursuant to the provisions of section 617,1006, Floric mendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florido</i>	a Not For Profit Corp	oration adopts the following
A. If amending name, enter the new name of the c	corporation:		
			The new
name must be distinguishable and contain the word " "Company" or "Co," may not be used in the name.	"corporation" or "inco	rporated" or the abbr	eviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	<u>le:</u>		
(Principal office address <u>MUST BE A STREET AD</u>	<u>(DRESS</u> )		
	<del></del>		<del>"</del>
			<del></del>
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>ox</u> )		
		<del>_</del>	
D. 16 P 1 1 1 1			
D. If amending the registered agent and/or registered new registered agent and/or the new registered	<u>ered office address in .</u> d office address:	<u>Florida, enter the na</u>	me of the
Name of New Registered Agent:	Morrica	Dewine	ma - har
<u>Name of New Registered Agent:</u>			
7,	58.0 18x0	is record	16510110 17
New Registered Office Address:		er tortaa street waar	
			. Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Re	wistowal Assets		. <b>.</b>
New Registered Agent's Signature, it changing Real Acreby accept the appointment as registered agent.	<u>wistered Agent:</u> — Lam familiar with and	d accept the obligation	s of the position.
			-
,		د ــــــــــــــــــــــــــــــــــــ	
	Signature of Nev	w 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         John D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	5_	Marana Device	1520 Texas PKWY
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add	<del></del>		
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoption: date this document was signed.		if other than the
Effective date if applicable:		
(n	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be t of State's records.	listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes east for 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.
Dated 9/20/2007 3
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 fiduciary by that fiduciary)
- Samuel Wimme
(Typed or printed name of person signing)
tiesident.
(Title of person signing)

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 23.5 FOUNDATION INC
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Samuel Dimmo (Name of Contact Person)
(Firm/ Company)
1580 Texas PKW/
1580 Texas PKW/ (Address)  (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
at
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Bigcup \\$52.50 Filing Fee \\ Certificate of Status \\ (Additional copy is enclosed) \\ (Additional Copy is Enclosed)
Mailing Address Amendment Section  Amendment Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303