

1724 000004634

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

((H24000185914 3)))



H240001859143ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON  
Account Number : I20060000135  
Phone : (305)789-3200  
Fax Number : (305)789-4137

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

Email Address: Bsmitha@stearnsweaver.com

2024 JUN -5 AM 8:17

FILED

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
TROJAN NATION FOUNDATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

al



May 31, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TROJAN NATION FOUNDATION, INC.  
3838 TROJAN TRAIL  
TALLAHASSEE, FL 32311

SUBJECT: TROJAN NATION FOUNDATION, INC.  
REF: N24000004634

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

The Page not legible is the last page with the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Operations Manager A

FAX Aud. #: H24000185914  
Letter Number: 324A00011900

2024 JUN -5 AM 8:17

FILED

Articles of Amendment  
to  
Articles of Incorporation  
of

TROJAN NATION FOUNDATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N24000004634

(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:

*The new 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

2024 JUN -5 AM 8:17

FILED

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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	D	DR. ALLEN BURCH	3838 TROJA TRAIL TALLAHASSEE, FL 32311
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	D	APRIL ROSENAU	3838 TROJAN TRAIL TALLAHASSEE, FL 32311
<input checked="" type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	S	KASEY KIRKLAND	3838 TROJAN TRAIL TALLAHASSEE, FL 32311
4) <input type="checkbox"/> Change <input type="checkbox"/> Add	D	BILLY CLOSE	3838 TROJAN TRAIL TALLAHASSEE, FL 32311
<input checked="" type="checkbox"/> Remove			
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	C	DEBBIE SHEPARD	3838 TROJAN TRAIL TALLAHASSEE, FL 32311
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	C	BRIDGET SMITHA	3838 TROJAN TRAIL TALLAHASSEE FL 32311

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

#### ADDITIONAL CHANGES TO DIRECTORS/OFFICERS

ADD	TYLER EVERETT	3838 TROJAN TRAIL TALLAHASSEE, FL 32311
REMOVE	DR. MATT LEE	3838 TROJAN TRAIL TALLAHASSEE, FL 32311

FILED

2024 JUN 15 AM 8:17

FILED

2024 JUN -5 AM 8:17

THE OHIO SECRETARY OF STATE

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ 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 5/22/2024

Signature Bridget Smitha

(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)

Bridget Smitha

(Typed or printed name of person signing)

Co-Chair

(Title of person signing)

FILED

2024 JUN -5 AM 8:17

TALLAHASSEE, FL

To:

Page: 1 of 6

2024-06-04 21:09:47 GMT

13056758465

From: Aimet Arenas

6/4/24, 5:03 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H24000196780 3)))



H240001967803ABC4

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC  
Account Number : I20220000138  
Phone : (786)239-9353  
Fax Number : (305)675-8465

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

Email Address: AIMET@EXPRESSTAXSVCS.COM

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
S&J CAPE ENTERPRISE INC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: S&J CAPE ENTERPRISE INC

DOCUMENT NUMBER: P23000084820

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MD SAIFO UDDIN  
Name of Contact Person  
S&J CAPE ENTERPRISE INC  
Firm/ Company  
7200 N. ATLANTIC AVENUE  
Address  
CAPE CANAVERAL, FL 32920  
City/ State and Zip Code  
AIMET@EXPRESSTAXSVCS.COM  
E-mail address: (to be used for future annual report notification)

2024 JUN -5 AM 8:17

FILED

For further information concerning this matter, please call:

MD SAIFO UDDIN at 305 364 - 5123  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee  
☐ \$43.75 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 Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
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

S&J CAPE ENTERPRISE INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P23000084820

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

7200 N. ATLANTIC AVENUE

CAPE CANAVERAL, FL 32920

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

7200 N. ATLANTIC AVENUE

CAPE CANAVERAL, FL 32920

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 MD SAIFO UDDIN

7200 N. ATLANTIC AVENUE

(Florida street address)

New Registered Office Address: CAPE CANAVERAL

Florida 32920

(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.*

MD Saifo Uddin

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)(c), F.S.

FILED

2024 JUN -5 AM 8:17

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      PT      John Doe

X Remove      V      Mike Jones

X Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u>	<u>S</u>	<u>ZIAUL ISLAM</u>	<u>7200 N ATLANTIC AVE</u>
<u>X</u> Add			<u>CAPE CANAVERAL, FL 32920</u>
<u>Remove</u>			
2) <u>X</u> Change	<u>PD</u>	<u>MD SAIFO UDDIN</u>	<u>7200 N ATLANTIC AVE</u>
<u>Add</u>			<u>CAPE CANAVERAL, FL 32920</u>
<u>Remove</u>			
3) <u>X</u> Change	<u>VP</u>	<u>MD JAMAL UDDIN</u>	<u>7200 N ATLANTIC AVE</u>
<u>Add</u>			<u>CAPE CANAVERAL, FL 32920</u>
<u>Remove</u>			
4) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

FILED

2024 JUN -15 AM 8:17

E. If amending or adding additional Articles, enter change(s) here:  
(Attach additional sheets, if necessary). (Be specific)

Handwritten area for amendments, containing multiple horizontal lines for text entry.

2024 JUN -5 AM 8:17  
ALLAHSGIR, FL

FILED

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,  
provisions for implementing the amendment if not contained in the amendment itself:  
(if not applicable, indicate N/A)

Handwritten area for provisions for implementing the amendment, containing multiple horizontal lines for text entry.

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval"

by \_\_\_\_\_  
(voting group)

Dated 06/04/2024 \_\_\_\_\_

Signature MD Saifo Uddin  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MD SAIFO UDDIN

\_\_\_\_\_  
(Typed or printed name of person signing)

PD

\_\_\_\_\_  
(Title of person signing)

FILED  
2024 JUN -5 AM 8:17  
TALLAHASSEE, FL