N240000555

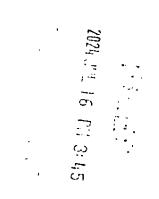
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:ROBERT A. FORAND, JR., MEMORIAL FOUNDATION, INC.
DOCUMENT NUMBER: N24000005515
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LAURIE S FORAND
(Name of Contact Person)
(Firm/ Company)
8903 THOREAU PLACE
(Address)
HUDSON, FL 34667
(City! State and Zip Code)
al@alhagerichepa.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LAURIE S FORAND at 603-333-5326
(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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) □\$652.50 Filing Fee Certificate of Status (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 ROBERT A. FORAND, JR., MEMORIAL FOUNDATION, INC.

Name of Corporation as currently filed with the Florida Dept. of State)	2024 JUL 16 PH
N24000005515	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statutes, this $Florida\ Not\ For\ Profit\ Corp$ imendment(s) to its Articles of Incorporation:	poration adopts the following
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 abb "Company" or "Co." may not be used in the name	reviation "Corp," or "Inc "
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 namew registered agent and/or the new registered office address:	ame or the
near registered agent and the tree seasons and the seasons and the seasons are seasons as the seasons are seasons are seasons as the seasons are seasons are seasons as the seasons are seasons as the seasons are seasons are seasons as the season are seasons are seasons are seasons as the season are seasons as the season are seasons	
Name of New Registered Agent:	
(Florida street ada	lress)
New Registered Office Address:	
	, Flo r ida
<i>и</i> Сиул	(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 obligation	ons 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 X Add	PT John Do V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add	D	RICHARD MAURO	14000 FIVAY ROAD HUDSON, FL 34667
x Remove			
2) Change Add	<u>D</u>	JODI LUEPKEF	HUDSON, FL 34667
8 Remove 3) Change	<u>D</u>	JUSTIN FORAND	8903 THOREAU PLACE HUDSON, FL 34667
4) Change Add	1)	ERIC LAPLANT	8903 THOREAU PLACE HUDSON, FL 34667
Remove 51ChangeAdd			
Remove 6) Change Add			
Remove			
E. If amending or addi (attach additional she		icles, enter change(s) here: (Be specific)	

					
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The date of each amendment(s) adoption date this document was signed.	ption:				if other than the
Effective date if applicable:					
Effective date <u>if applicable</u> :	tno more the	m 90 days after at	mendment file de	ite)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet t artment of State's	he applicable statt s records.	itory filing requi	rements, this date w	ill not be listed as the
Adoption of Amendment(s)	(CHECK	<u>ONE</u>)			
The amendment(s) was/were adop was/were sufficient for approval.	pted by the mem	bers and the numb	per of votes cast	for the amendment(:	5)

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 7-11-24
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 tiduciary)
LAURIE S FORAND
(Typed or printed name of person signing)
DIRECTOR
(Title of person signing)

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