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amend

07/23/24--01011--020 **43.75



AL RAMSEY AUG -7 2024

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

DOING GOOD NAME OF CORPORATION:	ASSAU, INC.		
N24000008648 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
MICHAEL E HARBISON			
	(Name of Contact I	Person)	
	(Firm/ Compar	ıy)	
1629 HIGHLAND DUNES WY			
	(Address)		
FERNANDINA BEACH, FL 32034			
	(City/ State and Zip	Code)	
MIKE@MIKEHARBISON.COM			
E-mail address: (to be us	ed for future annual re	port notificatio	n)
For further information concerning this matter, plea	se call:		
MICHAEL E HARBISON		407	739-9381
(Name of Contact Perso			(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	_	Certit is Certit (Add	0 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	treet Address Imendment Sectorision of Corp The Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

DOING GOOD NASSAU, INC.

2024 JUL 29 AM 8: 26

(Name of Corporation as currently filed with the Florida I	Dept. of State) State St
N24000008648	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the follow
A. If amending name, enter the new name of the corporat	tion:
N/A	The n
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)
	· ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered offi	ice address in Florida, enter the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent: N/A	
	(Florida street address)
New Registered Office Address:	IT ID THE SPECT MATES.
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
	ignature 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 De V Mike Je SV Sally Sr	<u>mes</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	VP	HAYES B CLARK	123 HARVEST COMMONS WESTPORT, CT 06880
_x Remove			
2) Change Add	<u>VP</u>	BARBARA C MCDUFFIE	474303 E STATE ROAD 200 FERNANDINA BEACH, FL 3203-
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
A77.A			
	 		

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	07/19/2024	
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 tof State's records.	pe 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 cast for the amendment(s)	

Dated	07/24/2024
Dated	1 -1 -11
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)
	MICHAEL E HARBISON
	MICHAEL E HARBISON

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