## W240000721

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300436463453

09/13/24--01926--025 \*\*35.00

SECREDARY OF STATE

M

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	INDATION CENT	ER, INC 		
DOCUMENT NUMBER: N24000010221				
The enclosed Articles of Amendment and fee are st	ubmitted for filing.			
Please return all correspondence concerning this ma	atter to the following	ıg:		
JEAN C BENJAMIN				
	(Name of Conta	ict Person)		<del></del>
BENJAMIN FOUNDATION CENTER, INC				
-	(Firm/ Con	npany)		
PO BOX 741333				
	(Addre	68)		
BOYNTON BEACH FL 33474				SECHE TALL
	(City/ State and	Zip Code)		日前の
HAPPYSJA@AOL.COM				- 表表 <b>(</b>
E-mail address: (to be u	sed for future annu	al report notifica	tion)	71 - 15 71 - 15
For further information concerning this matter, plea	ase call:			27 cs 27 zs
JEAN C BENJAMIN		954 at	802-8818	, -4
(Name of Contact Pers	son)	(Area Cod	e) (Daytime Telep	hone Number)
Enclosed is a check for the following amount made	e payable to the Flo	rida Department	of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu	_	y Ce opy is Ce (A	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is nclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amendment S Division of Co The Centre o	ection	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

BENJAMIN FOUNDATION CENTER, INC

(Name of Corporation as currently filed with the Flo	rida Dept. of State)		
N24000010221			
(Document	Number of Corporation (if kr	own)	
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	r Profit Corporation adopts the fo	ollowing
A. If amending name, enter the new name of the cor	poration:		
			The new
name must be distinguishable and contain the word "co" "Company" or "Co." may not be used in the name.	rporation" or "incorporated	" or the abbreviation "Corp." or	"Inc."
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDI</u>	<u>RESS</u> )		
	_		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	')		
<u> </u>	,	بد	2024 SEC
D. If amending the registered agent and/or registere		enter the name of the	
new registered agent and/or the new registered of	ffice address:		]
Name of New Registered Agent:		<u>.</u> .	<u>い</u>
		٢	
New Registered Office Address:	(Fle	orida street address)	
New Registered Office Address.			
	(City)	, Florida (Zip Code)	
	(Cny)	(zap Sinc)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. 1	tered Agent:	the obligations of the position	
energy accept the approximent as registered agent. T	am jamma man ana accept	and any market promise.	
	Signature of New Registe	red 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 Sr	<u>nes</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change * Add	<u>D</u>	PATRICIA FURLOW	PO BOX 741333 BOYNTON BEACH FL 33474
Remove			
2) Change X Add	<u>D</u>	BRENDA CARTER	PO BOX 741333 BOYNTON BEACH FL 33474
Remove	TRES	JEAN C BENJAMIN	BOYNTON BEACH FL 33474
4) Change Add	<u>T</u>	TYLER J BENJAMIN	PO BOX 741333 171 171 171 171 171 171 171 171 171
Remove  5) Change	D	HUGHES, MILCENT	PO BOX 741333 BOYNTON BEACH FL 33474
Remove 6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

	<del></del>
	<u> </u>
	<del></del>
	SECHETALLA
	SEP W AH 12: 06 TALLAHASSTF. FL
	第二 章
	7 Kg 75
	FA 8
	TE
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date	
(no more than 90 days after amendment file date	9
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast fo was/were sufficient for approval.	r the amendment(s)

adopted by the boa	rd of directors.
Dated	9/5/2024
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)  Jean C Benjamin
	(Typed or printed name of person signing)
	President
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were