## NHAGOG

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		ı
	Office Use Onl	



300341217613

02/26/20--01014--032 \*\*52.50

26 F" 2:43

R. WHATE MAR 17 2020

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	The Gift of Learning  ON:	g Foundation, Inc.	
DOCUMENT NUMBER:	N44999		
The enclosed Articles of Am	endment and fee are sub	mitted for filing.	
Please return all corresponde	ence concerning this matt	er to the following:	
Christina D. James			
		(Name of Contact Persor	1)
The Gift of Learning Founda	ation, Inc.		
		(Firm/ Company)	
1877 W. Oak Ridge Rd.			
		(Address)	
Orlando, FL 32809			
		(City/ State and Zip Code	2)
mipathways@aol.com			
E	-mail address: (to be use	d for future annual report	notification)
For further information conc	erning this matter, please	e call:	
Christina James			7-816-204C
	(Name of Contact Persor	(Ar	ea Code) (Daytime Telephone Number)
Enclosed is a check for the fi	ollowing amount made p	ayable to the Florida Depa	artment 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			Address ment Section

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

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

25 71 2:43

The Gift of Learning Foundation, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N44999 (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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: Jennifer L Kite Name of New Registered Agent: N/A (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. 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 Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>S</u>	Alice Cox	1877 W. Oak Ridge Rd. Orlando, FL 32809
x Remove			
2) × Change Add	SV	Christina D. James	1877 W. Oak Ridge Rd. Orlando, FL 32809
Remove 3) Remove Change Add Remove			
4) Change Add			
Remove			
5) Change Add		<del></del>	
Remove			
6) Change Add			
E. If amending or addin (attach additional shee		Page 2 of 4 <u>cles, enter change(s) here</u> :  (Be specific)	
Currently Alice Cox is se	rving as Secretary	but is leaving the organization. Christina Jam	es is currently serving as Vice President and Secretary.

<u> </u>	
	·
	·
	•
<del></del>	· <u> </u>
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	
•	Page 3 of 4
•	age 5 to 4
The data of much amountain mat/objects or	· · · · · ·
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: 02/22/2020	
(no more than 90 day	's after amendment file date)
in more than 70 may	g
Note: If the date inserted in this block does not meet the applic	able statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.	• •

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

(CHECK ONE)

Adoption of 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	02/21/2020	
Signature	- Dlik	
(	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)	
Jennifer L Kite		
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a	corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida ered agent, or both, in the State of Florida.
_ <del>_</del>		.,	,
1. The name of	the corporation: The G	Colo Bidas Dd	Marion, III.
2. The principal	office address: 1877 W	. Oak Ridge Rd	
3. The mailing a	address (if different): _		
4. Date of incorp	poration/qualification:	09/03/1991	Document number: N44999
	d street address of the criment of State: (If resignation		gent and registered office on file with the d)
	Dennis M. Cox -RESIO	GNED	<del></del>
6. The name and (if changed):	d street address of the r	new registered ager	nt (if changed) and /or registered office
	Jennifer L Kite		
	1877 W. Oak Ridge Ro	i.	
	Orlando, FL 32809	P.O. Box	NOT acceptable
The street address changed will	ess of its registered of be identical.	fice and the street	address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolute board or the corpor	ution duly adopted ration has been no	by its board of directors or by an officer so tified in writing of the change.
- Chrylind	ire of an officer or director		Christina D. James Printed or typed name and title
I hereby accept I further agree of my duties, an document is bei	the appointment as re	ovisions of all stati and accept the obli ect a change in th	d agree to act in this capacity. utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
	97/i+		02/21/2020
Sig	mature of Registered Agent		Date
If signing on be	chalf of an entity:		
т	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*