N9700006892

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COVER LETTER

TO: Amendment Section Division of Corporations

THE CHARI	LES L. WACKERLE FOUNDATION, INC.
N97000006892 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	
Please return all correspondence concerning th	nis matter to the following:
DUANE C. MAGNUSON	
	(Name of Contact Person)
	(Firm/ Company)
3900 CLARK ROAD, BUILDING R	
	(Address)
SARASOTA, FLORIDA 34233	
	(City/ State and Zip Code)
DCMAGNUSON@REAGAN.COM	,
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	, please call:
DUANE C. MAGNUSON	941 922-4927 at
(Name of Contac	
Enclosed is a check for the following amount	made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	S Fee & S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

THE CHARLES L. WACKERLE FOUNDATION, INC.

(Name of Corporation as cur	rently filed with the Flor	rida Dept. of State)
N97000006892		
(Document N	umber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006. Florida Stanmendment(s) to its Articles of Incorporation:	atutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	orat <u>ion:</u>	
		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRE</u>	<u>:SS</u>)	
		7 050
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		55 PH
		-
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 offi	ice address:	
Name of New Registered Agent:	<u> </u>	
		Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as	ered Agent: m familiar with and accep	t the obligations of the position.
	Signature of New Regis	stered 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	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
				
Add				
Remove				
4) Change			<u> </u>	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

The first paragraph of ARTICLE VI, shall be amended to read as follows: The business of this corporation shall be managed by the Board of Directors. This corporation shall have three directors initially. The number of directors may be increased from time to time in accordance with the By-Laws, but shall never be						
					ess than three.	
	<u> </u>					
						
	_					
	_					

E. If amending or adding additional Articles, enter change(s) here:

• 12/5/2017	
The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ts, 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 for the was/were sufficient for approval.	eamendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors.	:(s) was/were
Dated 12/5/2017	
Signature Mana Co Magando	and the second
(By the chairman or vice chairman of the board, president or other office have not been selected, by an incorporator – it in the hands of a receive other court appointed fiduciary by that fiduciary)	er-if directors er. trustee, or
DUANE C. MAGNUSON	
(Typed or printed name of person signing)	
Chairman of the Board	
(Title of person signing)	