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Division of Corporations

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**Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6380

From:

Rosa Wong, Paralegal
Account Name : AKERMAN SENTERFITT (MIAMI)
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: charles.schuette@akerman.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
THE HELLIWELL FAMILY FOUNDATION, INC.**

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July 19, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations
THE HELLIWELL FAMILY FOUNDATION, INC.
C/O NORTHERN TRUST BANK
700 BRICKELL AVENUE
MIAMI, FL 33131

SUBJECT: THE HELLIWELL FAMILY FOUNDATION, INC.
REF: N98000006980

*Please resubmit
for filing and keep
initial submission
date.*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H11000183618
Letter Number: 411A00017015

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11 JUL 19 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

The Helliwell Family Foundation, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N98000006980

(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:

The new 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.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Attn: Arne Themmen c/o Northern Trust

700 Brickell Ave.

Miami, FL 33131

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Attn: Arne Themmen c/o Northern Trust

700 Brickell Ave.

Miami, FL 33131

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:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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.

Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

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The date of each amendment(s) adoption: July 18, 2011
(date of adoption is required)

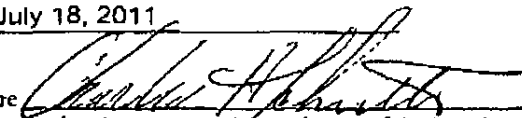
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ 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 July 18, 2011

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)

Charles A. Schuette

(Typed or printed name of person signing)

Secretary and Director

(Title of person signing)