# N 9800000 7132

(Requestor's Name)
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(City/State/Zip/Phone #)
(Only Otate Liph Hone #)
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(Document Number)
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THE PRINCIPAL PR

N.C.
C.COULLIETTE

APR 15 2011

**EXAMINER** 

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COI	RPORATION: Apollo	ONE Memorial	Foundation, INC
DOCUMENT N	TUMBER: N 9800	000 7132	
The enclosed Arr	ticles of Amendment and fee are subr	nitted for filing.	
Please return all	correspondence concerning this matte	er to the following:	
_	Katherine (Name of C	CoopeR Contact Person)	
	N/A	Company)	
	(Firm/	Company)	
	3098 East Reech	ner Drive, Unit	Ê
_	(A	ddress)	
	Palm Harbor, FL	34683	
<del></del>	(City/ State	and Zip Code)	
	Apollo 1 & Tampalio E-mail address: (to be used		on)
Katheri	ame of Contact Person)	at (727 ) 415-8	221
(N	ame of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a che	ck for the following amount made pa	yable to the Florida Department o	f State:
□ \$35 Filing Fee	e ☐ \$43.75 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 Address Amendment Section	Street Address	
	Oivision of Corporations	Amendment Section Division of Corporations	
F	P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314		2661 Executive Center C	ircle

Tallahassee, FL 32301

#### **Articles of Amendment**

## to Articles of Incorporation of

Apollo ONE Men	noRial Fa	nandation, 11	vc.
Name of Corporation as curr	rently filed with t	he Florida Dept. of Stat	<u>te</u> )
N98000	107132		
(Document Nu	mber of Corporati	on (if known)	
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of I		this Florida Not For Pr	ofit Corporation adopts
A. If amending name, enter the new name of	of the corporation	<u>1:</u>	
A pollo 1 MemoRica  The new name must be distinguishable and a  abbreviation "Corp." or "Inc." "Company"			rporated" or the
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE)	plicable:	N/R	·
C. Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFF</u> )		N/A	TI APR 14 PH
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office istered office add	address in Florida, ente ress:	
Name of New Registered Agent:		<u>'</u> A	-
New Registered Office Address:	(Florid	da street address)	_
	14-15-16-16-16-16-16-16-16-16-16-16-16-16-16-	(City)	_, Florida (Zip Code)
New Registered Agent's Signature, if chang thereby accept the appointment as registere position.			t the obligations of the
	Signature of New	Registered Agent, if char	nging

### 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)

<u>Title</u>	Name	Address	Type of Action
	<u> N/A</u>		
			Add Remove
	·		Add Remove
E. If ame (attach	nding or adding additional Article additional sheets, if necessary). (I	s, enter change(s) here: Be specific)	
	1-24		
77.			

The date of each amendment(s) ac	doption:N/H
Effective date if applicable:	(dath of adoption is required)
	4/61/261/ (no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ade was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.
,	nil 12,2011
(By the c	Cooper chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)
	Tatherine M. Cooper (Typed or printed name of person signing)
	Secretary of the Board (Title of person signing)