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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

FOUNDATION NAME OF CORPORATION:	FOR SCOTTISH A	THLETIC	S. INC	
N17000007019 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	submitted for filing.	-		
Please return all correspondence concerning this n	natter to the following	ມຄົ:		
AARON CONWAY				
	(Name of Conta	ict Person)	
	(Firm/ Con	ınany)		
815 MONTANA ST	(, , , , , , , , , , , , , , , , , , ,	4		
	(Addre	ss)		
ORLANDO, FL 32803				
	(City/ State and	Zip Code)	
INFO@F4SA.ORG				
E-mail address: (to be	used for future annu	al report n	otificatio	n)
For further information concerning this matter, ple	case call:			
AARON CONWAY		407 at		432-*9982
(Name of Contact Per	son)	(Are	a Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount mad	le payable to the Flo	rida Depa	rtment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	-	ı y	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Division	nent Sect r of Corpo	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FOUNDATION FOR SCOTTISH ATTILET	TICS.	INC
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Α	rticles of Ameno	lment	BI AND	1
Ar	to ticles of Incorpo of	oration		The state of the s
FOUNDATION FOR SCOTTISH ATHLETICS, INC.				2 7
Name of Corporation as currently filed with the Flor	ida Dept. of Sta	<u>te</u>)	र्क्स्	بب
N17000007019				. Os
(Document N	lumber of Corpor	ration (if known)	· · · · · · · · · · · · · · · · · · ·	, -
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	tatutes, this <i>Flori</i>	da Not For Profit	Corporation adopts the following	ng
A. If amending name, enter the new name of the corp	oration:			
	<u></u>		The ne	
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "in	corporated" or the	abbreviation "Corp." or "Inc.	••
B. Enter new principal office address, if applicable:	815 MON	FANA ST		
(Principal office address MUST BE A STREET ADDR.	ESS) ORLAND	O, FL 32803		_
				-
		 		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u>)	815 MON	TANA ST		
	ORLANDO	O, FL 32803		
				_
D. If amending the registered agent and/or registered		n Florida, enter th	e name of the	
new registered agent and/or the new registered off	ON CONWAY			
Name of New Registered Agent:			<u> </u>	_
×151	MONTANA ST			_
New Registered Office Address:		(Florida stree	t address)	
ORL	ANDO		, Florida 32803	
	(City)		(Zip Code)	_
New Registered Agent's Signature, if changing Regist	ered Agent:			
I hereby accept the appointment as registered agent. I a		ind accept the oblig	gations of the position.	
		ر (7		
	6/- C	Le Eus	ent. 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>Doe</u> Jones Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add	<u>T</u>	KRISTEN THEROUX	518 RANGER PARK CT
x Remove			DAVENPORT, FL 33897
2) Change Add	<u>T</u>	KEN KORCAK	2400 WINDING CREEK BLVD #3-203
Remove 3) Change Add	<u>P</u>	JONATHAN HENDERSON	CLEARWATER, FL 33761 948 SATSUMA CIRCLE
x Remove		A A DOV GOVERNA V	JACKSONVILLE, FL 32259
4) Change Add	<u>P</u>	AARON CONWAY	815 MONTANA ST
Remove			ORLANDO, FL 32803
5) Change _x Add	D	JESSE GRIM	7711 OLD NURSERY ROAD
Remove			MACCLENNT, FL 32063
6) Change	 		
Add			
E. If amending or add (attach additional sh		rticles, enter change(s) here: . (Be specific)	
N/A			

		
		<u>.</u> _
		
		
		
		
		
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date this document was signed.	:, if	oiner inan ine
Effective date if applicable:	no more than 90 days after amendment file date)	
(**	no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be list of State's records.	ated as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

idopi	ted by the bo	pard of directors.
	Dated	02/22/2021
	Signature	Dan Scriel
		(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)
		DAWN SCHULL
		(Typed or printed name of person signing)
		SECRETARY
		(Title of person signing)