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<u>COVER LETTER</u>

TO: Amendment Section Division of Corporations

Division of Corporations		
NAME OF CORPORATION: The Tom Kane	ey Benevole	ent Medical Fund Inc.
DOCUMENT NUMBER: N980000297	'6	
The enclosed Articles of Amendment and fee are submitted	d for filing.	
Please return all correspondence concerning this matter to t	he following:	
Dianne M. Collins		
	ne of Contact Persor	1)
The Tom Kaney Benevoler	nt Medica	l Fund, Inc.
	(Firm/ Company)	
120 East Pine Street, Suite	3	
	(Address)	
Lakeland, FL 33801		
(City	/ State and Zip Code	e)
dcollins@collinssurv		
E-mail address: (to be used for the second s	uture annual report i	notification)
For further information concerning this matter, please call:		
Dianne M. Collins	_{at} 863	937-9052 Dide & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made payable	e to the Florida Depa	rtment of State:
(A	3.75 Filing Fee & ertified Copy dditional copy is nelosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2014 JAN -6 PM 3: 38

The Tom Kaney Benevolent Medical Fund Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) N9800002976

201107

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006,	, Florida Statutes, this	s <i>Florida Not Fe</i>	or Profit Corporation	adopts the following
amendment(s) to its Articles of Incorporation:				

	f the corporation:		m.
name must be distinguishable and contain the v	word "corporation" or "incorpo	prated" or the abbreviation "C	The n Corp." or "Inc
Company" or "Co." may not be used in the n			•
3. Enter new principal office address, if app	olicable:		
Principal office address <u>MUST BE A STREE</u>	ET ADDRESS)		
			
			
Enter new mailing address, if applicable			
(Mailing address <u>MAY BE A POST OFFI</u>	<u>CE BOX</u>)		
). If amending the registered agent and/ <u>or r</u>	registered office address in Fla	rida, enter the name of the	
new registered agent and/or the new regi		riding enter the manua street	
Name of New Registered Agent:			
	(Florida street addre	ssj	
New Registered Office Address:			
		, Florida	
	(City)	(ZI _j	p Code)
New Registered Agent's Signature, if changi	ing Registered Agent:		,
New Registered Agent's Signature, if changi hereby accept the appointment as registered of	ing Registered Agent:		ŕ

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

Article 2(e) is revised to: Upon the dissolution of the organization, assets shall be distributed for one or
more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue code or
corresponding section of any future federal tax code, or shall be distributed to the
federal government, or to a state or local government for public purpose. Any such
assets not disposed shall be disposed of by a Court of Competent Jurisdiction of the
county in which the principal office of the organization is then located,
exclusively for such purposes or to such organization or organizations, as said
court shall determine, which are organized and operated exclusively for such purposes.

	e date of each amendment(s) adoption:	, if other than the
	ective date if applicable:	
EH	(no more than 90 days after amendment file date)	_
Ado	option 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.	
	Signature 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)	
	Dianne M. Collins	
	(Typed or printed name of person signing) Jeasurer	
	(Title of person signing)	