700348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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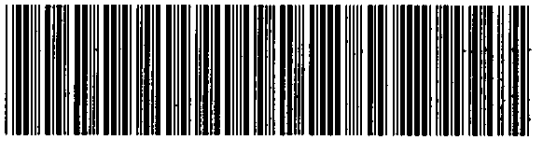

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TALLAHASSEE, FLORIDA
09 NOV 12 PM 12:40

Amend
1a 11/12/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida State University Foundation, Inc.

DOCUMENT NUMBER: 700348

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marilyn Spores
(Name of Contact Person)

Florida State University Foundation, Inc.
(Firm/ Company)

2010 Levy Avenue
(Address)

Tallahassee, FL 32306-2739
(City/ State and Zip Code)

mspores@foundation.fsu.edu
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marilyn Spores at (850) 644-0834
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☑ $35 Filing Fee

☐ $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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2009

MARILYN SPORES
THE FLORIDA STATE UNIVERSITY FOUNDATION
2010 LEVY AVENUE
TALLAHASSEE, FL 32306-2739

SUBJECT: THE FLORIDA STATE UNIVERSITY FOUNDATION, INC.
Ref. Number: 700348

We have received your document for THE FLORIDA STATE UNIVERSITY FOUNDATION, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

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

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 809A00033228

2009 NOV 12 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 NOV 12 PM 12:40

THE Florida State University Foundation, Inc.
(**Name of Corporation as currently filed with the Florida Dept. of State**)

700348
(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)

_____

_____

_____

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

_____

_____

_____

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)

_____, Florida_____
(City) *(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

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 (Cont'd):

Title	Name	Address	Type of Action
AT	Gerald Ganz	2010 Levy Ave., Bldg B Suite 300 Tallahassee, FL 32306-2739	✓ Add
S	Beth Azor	11173 SW 37th Manor Davie, FL 33328	✓ Add

Remove

Title	Name	Type of Action
CE	J Robert Jones, Jr.	✓ Remove
C	William G. Smith Jr.	✓ Remove
P	Charles J. Rasberry	✓ Remove
AT	Tom Hawkins	✓ Remove
S	Ashbel Williams	✓ Remove

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)

Title	Name	Address	Type of Action
CE	Ashbel Williams	1337 Preakness Point Tallahassee, FL 32308	☑ Add ☐ Remove
C	J Robert Jones, Jr.	1645 Chase Landing Way Winter Park, FL 323789-5940	☑ Add ☐ Remove
P	Steve Evans	2010 Levy Ave., Bldg. B Suite 300 Tallahassee, FL 32306-2739	☑ Add ☐ Remove

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

The date of each amendment(s) adoption: June 3, 2009
(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 11/2/09

Signature Marilyn Spores
(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)

Marilyn Spores
(Typed or printed name of person signing)

Vice President + COO
(Title of person signing)