

711753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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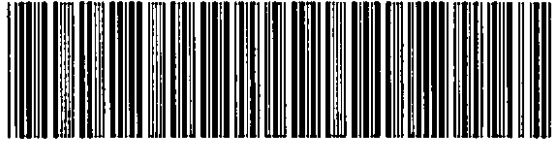
(Business Entity Name)

(Document Number)

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JUN 16 2020  
S. YOUNG

2020 MAY 28 AM 6:41


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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: NORTH FLORIDA COLLEGE FOUNDATION, INC

DOCUMENT NUMBER: 711753

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

Please return all correspondence concerning this matter to the following:

MONICA KELLOW FOLSOM

(Name of Contact Person)

NORTH FLORIDA COLLEGE FOUNDATION, INC

(Firm/ Company)

325 NW TURNER DAVIS DR

(Address)

MADISON, FL 32340

(City/ State and Zip Code)

KELLOWM@NFC.EDU

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONICA KELLOW FOLSOM

850

843-0259

at

(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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

NORTH FLORIDA COLLEGE FOUNDATION, INC

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

711753

(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:

(Florida street address)

New Registered Office 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

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*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.*

|                 |           |                    |
|-----------------|-----------|--------------------|
| <u>X</u> Change | <u>PT</u> | <u>John Doe</u>    |
| <u>X</u> Remove | <u>V</u>  | <u>Mike Jones</u>  |
| <u>X</u> Add    | <u>SV</u> | <u>Sally Smith</u> |

|  |                  |                        |  |
|--|------------------|------------------------|--|
| 1) <u>     </u> Change<br><u>     </u> Add                         | <u>CHAIRMA</u>   | <u>WIGGINS, MARK</u>   | <u>217 PINELAND ST</u><br><u>PERRY, FL 32348</u>         |
| <u>X</u> <u>     </u> Remove                                       |                  |                        |  |
| 2) <u>     </u> Change<br><u>X</u> Add                             | <u>CHAIRMA</u>   | <u>MITCHELL, KAREN</u> | <u>6551 N US HWY 41</u><br><u>JASPER, FL 32052</u>       |
| <u>     </u> Remove  |                  |                        |  |
| 3 ) <u>     </u> Change<br><u>     </u> Add<br><u>     </u> Remove | <u>         </u> | <u>         </u>       | <u>         </u><br><u>         </u><br><u>         </u> |
| 4) <u>     </u> Change<br><u>     </u> Add                         | <u>         </u> | <u>         </u>       | <u>         </u><br><u>         </u>                     |
| <u>     </u> Remove  |                  |                        | <u>         </u>   |
| 5) <u>     </u> Change<br><u>     </u> Add                         | <u>         </u> | <u>         </u>       | <u>         </u><br><u>         </u>                     |
| <u>     </u> Remove  |                  |                        | <u>         </u>   |
| 6) <u>     </u> Change<br><u>     </u> Add                         | <u>         </u> | <u>         </u>       | <u>         </u><br><u>         </u>                     |
| <u>     </u> Remove  |                  |                        | <u>         </u>   |

(attach additional sheets, if necessary). (Be specific)

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☒ 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 05/13/2020

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)

MICAH RODGERS

(Typed or printed name of person signing)

REGISTERED AGENT

(Title of person signing)