711753

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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NORTH FLORIDA NAME OF CORPORATION:	COLLEGE FOUNDAT	TION INC	******		
711753 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are sub-	mitted for filing.				
Please return all correspondence concerning this matter	er to the following:				
MONICA FOLSOM					
	(Name of Contact Per	son)			
NFC FOUNDATION					
	(Firm/ Company)				
325 NW TURNER DAVIS DR					
	(Address)				_
MADISON, FL 32340					
	(City/ State and Zip C	ode)			
KELLOWM@NFC.EDU					
E-mail address: (to be used	d for future annual repo	ort notification	1)	· .	7922
For further information concerning this matter, please	call:			- 1 - 1	1022 JUH
MONICA FOLSOM	at	850	843-0259	· · ·	$\frac{1}{\omega}$
(Name of Contact Persor	1)	(Area Code)	(Daytime Telep	phone Numb	er) II
Enclosed is a check for the following amount made p	ayable to the Florida D	epartment of	State:		ć.
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	D Filing Fee icate of Status icd Copy tional Copy is sed)	• • • • • • • • • • • • • • • • • • • •	†a
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ām Div	eet Address endment Sect ision of Corpo Centre of T	orations		

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 <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The ne
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

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	PT John De V Mike Jo SV Sally Si	<u>nes</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	<u>DIRECT</u>	JUDITH LUNDELL	PO BOX 329 MADISON, FL 32341
2) Change Add	DIRECT	TRACI S MCCLUNG	12623 STATE RD 51 LIVE OAK, FL 32060
Remove 3) Change Add Remove			
4)ChangeAdd			
Remove 5)ChangeAddRemove		1	
6) Change Add			
E. If amending or additional sheet	ng additional Art	icles, enter change(s) here: (Be specific)	

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	06/08/22			
The date of each amendment(s) adoption date this document was signed.	m:	· · · · · · · · · · · · · · · · · · ·		, if other than the
06/08/22				
Effective date <u>if applicable</u> :	(no more than 90 d	ays after amendment file	date)	
Note: If the date inserted in this block de document's effective date on the Departn	es not meet the appleent of State's record	icable statutory filing req ls.	uirements, this date will r	not be listed as the

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
	Dated Signature	06/08/2022
		Ah Gn /
		(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)
		JOHN GROSSKOPF
		(Typed or printed name of person signing)
		PRESIDENT

(Title of person signing)