## FILED May 01, 2008 8:00 am Secretary of State

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DOCUMENT # N0100001213  1. Entity Name BURTON FOUNDATION, INC.							05-01-2008	3 90242 03	38 ****6	1.25	
Principal Place 1899 SYCAM FERNANDINA		. 32034									
Principal Place of Business - No P.O. Box #     3. Mailing Address											
Suite, Apt.	#, etc.	uite, Apt. #, etc.			04252008	Chg-NP	CR2E037	7 (12/06)			
City & State	•	Cit	City & State			70 4504000			plied For t Applicable		
Zip	Country	Zip	Zip			5. Certificate of	of Status Desired		8.75 Add ee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
GRAY, RO					Street Address (P.O. Box Number is Not Acceptable)						
	AMORE LANE INA BEACH, FL 32	034		300007	Street Address (F.O. BOX Number is Not Acceptable)						
					City FL Zip Code					,	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE .	Signature, typed or printed name of	of registered agent and title If app	licable. (NOTE:	Registered Agent signal	lure required w	rhen reinstating)		DATE		P *	
	Filing Fee is \$61.2	paign Financing	_	\$5.00 May Be		lake check					
	Due by May 1, 200		Trust Fund Co	·		Added to Fees	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rida Departi	•	<b>&gt;</b>	
10. TITLE	OFFIC	CERS AND DIRECTORS	☐ Delete	11. TITLE	A	ODITIONS/CHA	NGES TO OFFICE		ECTORS IN  Change	10 Addition	
NAME	GRAY, R.C.		L Delete	NAME							
STREET ADDRESS 1899 SYCAMORE LANE CITY-ST-ZIP FERNANDINA BEACH, FL 32034				STREET ADDRESS CITY-ST-ZIP						1	
TITLE	D ·		☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS	NAME WALL, E.D. STREET ADDRESS 2932 NW 122ST ST. SUIT			NAME STREET ADDRESS							
CITY-ST-ZIP	CITY-ST-ZIP OKLAHOMA CITY, OK 73120		CI								
TITLE NAME	D GRAY, J.M.		☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS	STREET ADDRESS 2932 NW 122ST ST. SUITE D			STREET ADDRESS							
CITY-ST-ZIP	OKLAHOMA CITY, C	JK 73120	☐ Delete	CITY-ST-ZIP TITLE	Ries	ident			<b>X</b> Change	Addition	
NAME	GRAY, D.A.	A		NAME	,,,,,			•		_	
STREET ADDRESS CITY-ST-ZIP	2932 NW 122ST ST.   OKLAHOMA CITY, C			STREET ADDRESS CITY-ST-ZIP							
TITLE	DS		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS	GRAY, G.S. 2932 NW 122ST ST.	SUITE D		NAME STREET ADDRESS						}	
CITY-ST-ZIP	OKLAHOMA CITY, C	OK 73120		CITY-ST-ZIP							
TITLE NAME	DP GRAY, B.A.		Delete	TITLE NAME	lrea Kati	herme T	<u> </u>		☐ Change	Addition	
STREET ADDRESS         2932 NW 122ST ST. SUITE D         STREET           CITY-ST-ZIP         OKLAHOMA CITY, OK 73120         CITY-ST					Oklo	Shoma	Sayst. Sur City OK	. 731a			
Indicated	certify that the information on this report or supplex poration or the receiver of	nental report is true and	accurate and that m	ny signature shall t	have the sa	ame legal ettect	as it made under	oath; that I ar	m an officer	or director	
of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 changed, or on an attachment with an address with all other like empowered.  SIGNATURE:  918-486								- 486.	8727		
	SIGNATURE	AND TYPED OR PRINTED NAI	ME OF SIGNING OFFICER	OR DIRECTOR		-1-	pate	Da	ytime Phone #		