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13 SEP 13 AH 10: 2

C. LEWIS
SEP 13 2013
EXAMINER

TO: Amendment Section Division of Corporations

121Visitation Corporations					
NAME OF CORPORATION: K-Mc Spo	rts Founda	tion, Inc.			
DOCUMENT NUMBER: NO2000064	454				
The enclosed Articles of Amendment and fee are subm	nitted for filing.				
Please return all correspondence concerning this matter	to the following:				
Tina McElhenny, DV					
((Name of Contact Person	1)			
Kris McElhenny Memoria	al Fund				
	(Firm/ Company)				
3539 Apalachee Parkway	y Suite 3 #2	206			
	(Address)				
Tallahassee, Florida 323	11				
((City/ State and Zip Cod	e)			
mail@kmc-sports.					
E-mail address: (to be used	•	notification)			
For further information concerning this matter, please of	eall:				
Tina McElhenny DV	at (850	_,251-8363			
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)			
Enclosed is a check for the following amount made pay	vable to the Florida Depa	irtment 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	Amend Divisio	Address Iment Section on of Corporations			
P.O. Box 6327	Clifton	ı Building			

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation

13 SEP 13 AH 10: 24

(Name of Corporation as currently f	iled with the Florida Dept. of State)	SEURE INF.
N02000006454		יייייייייייייייייייייייייייייייייייייי
(Docum	ent Number of Corporation (if known)	
Pursuant to the provisions of section 617.100 innendment(s) to its Articles of Incorporation	6, Florida Statutes, this <i>Florida Not For Pro</i>	fit Corporation adopts the foll
A. If amending name, enter the new name	of the corporation:	•
Kris McElhenny Memorial I	Fund, Inc.	Th
name must be distinguishable and contain th "Company" or "Co," may not be used in th	e word "corporation" or "incorporated" or e <mark> name</mark> .	
B. <u>Enter new principal office address, if a</u> (Principal office address <u>MUST BE A STRI</u>		
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)		· · · · · · · · · · · · · · · · · · ·
		·
	r registered office address in Florida, ente	r the name of the
new registered agent and/or the new re	egistered office address:	
Name of New Registered Agent:		
Now Ragistored Office Address	(Florida street address)	
Hew Registered Office Address.		
		, Florida(Zip Code)
New Registered Office Address:	(Florida street address)	, Florida

Page 1 of 4

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 Jon Sally Smi	<u>es</u>	
Type of Action (Check One)	Title	<u> 1</u>	Name	<u>Addres</u> s
1)Change			·	
Add				
Remove				
2)Change				·
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)		
(attach additional sheets, if necessary).	(Be specific)	
-		
 		
<u></u>		

	date of each amendment(s) ad this document was signed.	option: 9-13-13	APPICATEL AND FILED, if other than the
Effe	ective date <u>if applicable</u> :		13 SEP 13 AM 10: 24
		(no more than 90 days after amendment fit	la data)
Ado	option of Amendment(s)	(CHECK ONE)	SECRETARY OF STATE TALLAPASSEE FLOREDA
	The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes call.	ast for the amendment(s)
	There are no members or membadopted by the board of directo	ers entitled to vote on the amendment(s). The ar	mendment(s) was/were
	Signature Tina M	1, 2013 CElhenny DV Jua Menan or vice chairman of the board, president or o	Ellery DV
	have not bee	n selected, by an incorporator – if in the hands o ppointed fiduciary by that fiduciary)	
	Tina McEll	nenny	
		(Typed or printed name of person signing)	
	D. Vice Pro	esident	
		(Title of person signing)	