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(Requestor's Name)				
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			





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TO: Amendment Section

Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: EMERAID COAST Foundation -
DOCUMENT NUMBER: NO 200007062
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ginger Walker (Name of Contact Person)
Emerald Coast Foundation, Inc. (Firm/Company)
718 Rodney Ave (Address)
1-t Walton Bah F L 32547 (City/ State and Zip Code)
Monster brat 1975 @ Cs. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ginger Walker at 950 582-4684 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & Certificate of Status
Mailing AddressStreet AddressAmendment SectionAmendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment

Articles of Incorporation of

Emerald Coast 30	undation INC			
(Name of Corporation as currently filed with the Florida Dept. of State)				
N0200000000				
(Document Number o	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 hour			
name must be distinguishable and contain the word "corporation "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)	718 Rodney Que 55 30			
C. Enter new mailing address, if applicable:	Pt Walton beh F型 = 325時空			
(Mailing address MAY BE A POST OFFICE BOX)	P.O. 1307 1208 It Walton Beh FL 32549			
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: 179	odney & Ve			
New Registered Office Address:	(Florida street address)			
FTW	Seltion Beh, Florida 32547 (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 I V Mike SV Sally	<u>Jones</u>	,
Type of Action (Check One)	Title	Name	<u>Address</u>
1) Change	P	Christopher S. Seh	ma
Add Remove			114 Ambergack dr. Ot Whoten II 3254
•	\bigcirc	Lynn Dominique	254 Till.)
2) Change Add		Lynn Dominique	354 Billfish Ave
Add Remove			Fort Walton Buch, FL
3) Change			32548
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)				
Change of Prosident				
0				
*				

	1000 18	
	e date of each amendment(s) adoption:	, if other than the
Effe	ective date if applicable: 27 Oct 2015 (no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records.	be listed as the
۸da	option 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.	
Ż	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 270ct 2015	
	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)	_
	Ginger Walker (Typed or printed name of person signing)	
	Secretary.	
	(Title of person signing)	