N05000004586

(Requestor's Name)
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COVER LETTER

'TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The K	wanis Club of Destin Foundation, Inc.
DOCUMENT NUMBER: NO500000	94586
The enclosed Articles of Amendment and	I fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
	Name of Contact Person)
	(Firm/ Company)
- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1	(Address)
·	City/ State and Zip Code)
For further information concerning this m	at (850) 837-0598
(Name of Contact Person) Enclosed is a check for the following amounts of the following amount of the following amounts of the following amount amount of the following amounts of the following amounts of the following amounts of the following amounts of the following amount of the following amounts of the following amo	(Area Code & Daytime Telephone Number) ount made payable to the Florida Department of State:
\$35 Filing Fee \$35 Filing Fee & Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed		itate)	
N050000458b			
(Document Number of Co	rporation (if known)		
Pursuant to the provisions of section 617.1006, Florida St the following amendment(s) to its Articles of Incorporation	on:	Profit Corporation a	dopts
A. If amending name, enter the new name of the corp	oration <u>:</u>		
NA T	1 (1 (1 (1	. 111 .7	
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." <u>"Company" or "Co." m</u>		corporated or the	
B. Enter new principal office address, if applicable:	NA		
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>ESS</u>)	 /,	_
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		<u> </u>	7
		AS E	· =
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MA	HESE CONTRACTOR	ין מור בורות
(Mailing address MAY BE A POST OFFICE BOX)			2 0
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			л S
D. If amending the registered agent and/or registered	office address in Florida, e	nter the name of the	
new registered agent and/or the new registered offi			
Maria CMana Basta and Assa	NA		
Name of New Registered Agent:	<u> </u>		
·			
New Registered Office Address:	(Florida street address)		
		, Florida	
,	(City)	(Zip Code)	
	• • • •		
New Registered Agent's Signature, if changing Registed hereby accept the appointment as registered agent. position.		ept the obligations o	f the
	MA		
Signature o	of New Registered Agent, if ch	nanging	
2.8.4.4.00	7 · · · · · · · · · · · · · · · ·	a ··· o	

	<u>Name</u>	Address	Type of Action
Title	<u>, wine</u>	<u></u>	
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	ding or adding additional Arti dditional sheets, if necessary).		
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If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment(s) adoption: December 13,2008				
•	Upon approval by the Florida Secretary of State (no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.			
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.			
Dated	eaubed 15, 2008			
Signature	prelian 3. Junin			
(By hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)			
	William S. Bruenins			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			

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