## N0900003289

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: Florida Cop	os for Kids Foundation, Inc	- -
DOCUMENT NUMBER: NO90000	3289	
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
<u>Calencia Kelly</u> (Name of C	Contact Person)	
Florida PBA	·	
(Firm/	Company)	
300 E Brevard.	5+	
(Ad	ldress)	
Tallahassee, FL	32301	
(City/ State	and Zip Code)	
E-mail address: (to be used to	for future annual report notification)	
For further information concerning this matter, please c	call:	
(Name of Contact Person)	at (860) 222 3329 X45 (Area Code & Daytime Telephone Number	4
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:	
\$35 Filing Fee \$\ \tag{S35 Filing Fee & Certificate of Status}	S43.75 Filing Fee & S52.50 Filing Fee & Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee & Certificate of State Certified Copy (Additional Copy is enclosed)	
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**

Articles of Incorporation

SECRETARY OF STATE Name of Corporation as currently filed with the Florida Dept. of Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new 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: New Registered Office Address: (Florida street address) (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.

Page 1 of 3

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) Title <u>Address</u> Type of Action <u>Name</u> Add u E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 418109		
Effective date if appl	(date of adoption is required)	
Enective date it appr	(no more than 90 days after amendment file date)	
Adoption of Amenda	nent(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	
There are no mem adopted by the boa	bers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.	
Date	ed 19124/2009	
Sigr	nature Danid Munill	
3	(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, of other court appointed fiduciary by that fiduciary)	
	David Murrell	
	(Typed or printed name of person signing)	
	Executive Director	
	(Title of person signing)	

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