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| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIO

Amend

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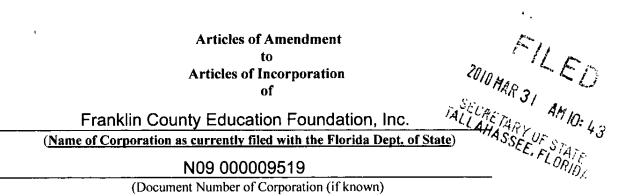
COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORE | PORATION: Franklin County | Education Foundatio | n, Inc. |
|----------------------|----------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| DOCUMENT NU | мвек: <u>N09 000009519</u> | <u> </u> | |
| The enclosed Artic | les of Amendment and fee are subm | itted for filing. | |
| Please return all co | rrespondence concerning this matter | to the following: | |
| _ | | éndez Catlin | |
| | (Name of C | ontact Person) | |
| | Franklin County E | ducation Foundation | |
| | (Firm/ C | Company) | |
| | D 0 1 | 700 | |
| | | Box 783 dress) | |
| | (Au | ui css) | |
| | Eastpoint, I | Florida 32328 | |
| | (City/ State | and Zip Code) | |
| | FC-EF@I E-mail address: (to be used | notmail.com for future annual report notific | ation) |
| For further informa | ation concerning this matter, please of | all: | |
| Dr. Lois Ménde | z Catlin | _at (850) _274-664 | 49 |
| (Na | me of Contact Person) | (Area Code & Dayti | me Telephone Number) |
| Enclosed is a chec | k for the following amount made pay | able to the Florida Departmer | nt 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) |
| | ailing Address nendment Section | Street Address Amendment Section | · |
| | vision of Corporations | Division of Corporati | ons |
| | O. Box 6327 Illahassee, FL 32314 | Clifton Building 2661 Executive Cente | er Circle |

Tallahassee, FL 32301

Articles of Amendment to



(Document Number of Corporation (if known)

A. If amending name, enter the new name of the corporation:

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:

| The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no | | orporated" or the | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------|-----|
| B. Enter new principal office address, if applicable: | | ucation Foundation, | Inc |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | 98 12th Street | <u></u> | |
| | Apalachicola, Florid | da 32320 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | P.O. Box 783 | | |
| | Eastpoint, Florida 32328 | | |
| | | | |
| D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac | | er the name of the | |
| Name of New Registered Agent: | | _ | |
| 98 | 3 12th Street | | |
| | rida street address) | _ | |
| New Registered Office Address: (Flori | | | |
| | palachicola | , Florida 32320 | |
| | palachicola (City) | , Florida <mark>32320</mark> (Zip Code) | |

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)

<u>Title</u>

<u>Name</u>

<u>Address</u>

Type of Action

| Secretary | Kristy Branch Banks | P.O. Box 783 Eastpoint, Florida 32328 | ☑ Add □ Remove |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------|
| | | Eastpoint, Florida 32326 | L Kemove |
| Historian | Joseph Taylor | P.O. Box 783 Eastpoint, Florida 32328 | ☑ Add ☐ Remove |
| Secretary | Joseph Taylor | | ☐ Add ☑ Remove |
| (attach addit | or adding additional Articles, enter clional sheets, if necessary). (Be specifically property (Be specifically property) (Be spec |) | charitable, |
| educational | ourposes, including for such purpo | ses, the making of distribution | ns to organiatiറ്റീ |
| that qualify a | s exempt organizations under sec | tion 501C-3, section 170 of t | he Internal |
| Revenue coo | le, or corresponding section of any | y future federal tax code. | |
| | | | |
| Article VII: In | the event of the dissolution, either | r voluntary or involuntary, of | the |
| Franklin Cou | nty Education Foundation, Inc., all | assets shall be liquidated to | offset any and |
| all debts and | liabilities of the Franklin County E | ducation Foundation, Inc. A | ny remaining |
| funds shall b | e used to select one or more stude | ents to attend a national yout | <u>h</u> |
| leadership p | rogram that complies with 501C3 g | guidelines. Any assets not di | sposed of shall |
| be distribute | d to the federal government, or to | a state or local government, | for a public |
| purpose. An | y assets not disposed of as stipula | ated above shall be disposed | of by the Court |
| of Common | Pleas of the county in which the p | rincipal office of the organiza | tion is then |
| located, excl | usively for such purposes or to su | ch organization or organization | ons, as said |
| Court shall d | etermine, which are organized and | d operated exclusively for su | ch non-profit |
| purposes. | | | |

| The date of each amendmen | t(s) adoption: February 18, 2010 |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date <u>if applicable</u> : | (date of adoption is required) February 18, 2010 |
| | (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 di | members entitled to vote on the amendment(s). The amendment(s) was/were rectors. |
| Dated | Lauch 5, 2010 Lau Chinder Cathin |
| hav | y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator — if in the hands of a receiver, trustee, of the court appointed fiduciary by that fiduciary) |
| | Dr. Lois Mendez Catlin |
| | (Typed or printed name of person signing) |
| | Chairperson/President |
| | (Title of person signing) |