## N09000011656

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Amend

OCT 1 0 2012

T. LEWIS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations		
NAME OF CORPORATION: Best Foot	Forward F	oundation Inc.
DOCUMENT NUMBER: N0900011	656	
The enclosed Articles of Amendment and fee are subn	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Donna Biase		·
	(Name of Contact Person	n)
Best Foot Forward Found	dation, Inc.	
	(Firm/ Company)	
21441 Boca Rio Road		
	(Address)	
Boca Raton, Florida 334	33	
	(City/ State and Zip Cod	e)
dbiase@bestfoot.	org	
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Donna Biase	<sub>at (</sub> 561	470-8300
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:
\$35 Filing Fee \$\sum \$	□\$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 P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations on Building Executive Center Circle assee, FL 32301

## **Articles of Amendment** to Articles of Incorporation

FILED

Best Foot Forward Foundation Inc.

第17 OCT -9 PM 3: 30

(Name of Corporation as currently filed with the Florida Dept. of State) N09000011656

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the follonendment(s) to its Articles of Incorporation:	owing
. If amending name, enter the new name of the corporation:	
me must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "incorporated" or "incorp	e new Inc."
Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
. 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:  140 N. Fedoral Hwy, Second Floor  (Florida street address)	
Boca Raton, Florida 33432  (City), (Zip Code)	<del></del>
ew Registered Agent's Signature, if changing Registered Agent: 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	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>P</u>	Debbie Ellman	21441 Boca Rio Rd
Add			Boca Raton, Florida
X Remove		·	33433
2) X Change	PCEO	Donna Biase	21441 Boca Rio Road
Add			Boca Raton, Florida
Remove			33433
3) Change	VP	Ed Ellman	21441 Boca Rio Road
X			Boca Raton, Florida
Remove			33433
4) Change	<del></del>		
Add			
Remove			<u> </u>
5) Change	-		
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			<u> </u>

If amending or adding additional Arti (attach additional sheets, if necessary).	icles, enter change(s) here:  (Be specific)
	<u> </u>

The date of each amendment(s) adoption: UCHOBEN 1, 20/2
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption 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.
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 October 1, 2012
Signature Dehlue Mman
(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)
Debbie Ellman
(Typed or printed name of person signing)
President
(Title of person signing)