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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: THE BOX CAR TOUR FOUNDATION, INC						
DOCUMENT N	UMBER: N10000010158					
DOCUMENT NUMBER: 1110000010100						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
_	JOHN DAVIS					
	(Name of C	ontact Person)				
JOHN DAVIS CPA PL						
	(Firm/ Company)					
28901 TRAILS EDGE BLVD STE 205						
	(Address)					
BONITA SPRINGS, FL 34134						
(City/ State and Zip Code)						
JDAVIS@JOHNDAVISCPA.COM						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
JOHN DAVIS		at (239) 444-5945	;			
(Na	me of Contact Person)	(Area Code & Daytim	e Telephone Number)			
Enclosed is a chec	k for the following amount made pay	able to the Florida Department	of State:			
	☐ \$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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314		Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	•			

Articles of Amendment to Articles of Incorporation of

THE BOX CAR TOUR FOUNDATION, INC

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

N10000010158

(Document Number of Corporation (if known)

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:

. If amending name, enter the new name	of the corporation	<u>ı:</u>	
THE BOX C	AR FOUNDAT	ION, INC	
he new name must be distinguishable and bbreviation "Corp." or "Inc." <mark>"Company"</mark>			acorporated" or the
. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>			
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF			
To any and the arthur and a second are a second			
. If amending the registered agent and/or new registered agent and/or the new reg			nter the name of the
Name of New Registered Agent:			
New Registered Office Address:	(Floria	la street address)	
·			, Florida
		(City)	(Zip Code)
w Registered Agent's Signature, if chang	ing Registered Ag	rent:	
nereby accept the appointment as registere sition.			ept the obligations of ti
. • ,	Signature of New I	Registered Agent, if cl	langing

The date of each amendment(s):	adoption: 05/09/2011
	(date of adoption is required)
Effective date if applicable:	· · · · · · · · · · · · · · · · · · ·
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were as was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s)
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated_05/10/2	014
Signature	
(By the	charman or vice chairman of the board, president or other officer-if directors
kave nø	been selected, by an incorporator – if in the hands of a receiver, trustee, or
	part appointed fiduciary by that fiduciary)
	JACK NORTMAN
// -	
V	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)