(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	⇒ #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Fun Coast Dov	wn Syn	drome Association	on, Inc.
DOCUMENT NUM	BER: N11000001013			
The enclosed Article	s of Amendment and fee are sub	mitted for	filing.	
Please return all corr	espondence concerning this matte	er to the fo	ollowing:	
·	Paul	la Wilbur	n	·
,	(Name of	Contact Po	erson)	
	Fun Coast Down	Syndron	ne Association	•
· · · ·	(Firm)	/ Company	y)	
	3601 E.	Moody I	3lvd.	
	(A	Address)		
	Bunne	II, FL 32	110	
	(City/ Stat	e and Zip	Code)	
	funcoastdow E-mail address: (to be used	vn@bells d for future	south.net e annual report notifica	ition)
For further informati	on concerning this matter, please	call:		
Lori Laughren, Pi	resident	at (904) 687-080	1
	of Contact Person)		(Area Code & Daytin	1 ne Telephone Number)
Enclosed is a check t	or the following amount made pa	ayable to t	he Florida Department	of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certifi	.75 Filing Fee & ed Copy ional copy is sed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indiment Section Indicate the Corporations Box 6327 Indicate the Corporations Box 6327		Street Address Amendment Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns



Articles of Amendment to Articles of Incorporation of

	syndrome Association, Inc. ently filed with the Florida Dept. of the state of the	State)
*		<u>State</u>)
**************************************	000001013 nber of Corporation (if known)	
cursuant to the provisions of section 617.1006, ne following amendment(s) to its Articles of Ir	Florida Statutes, this Florida Not For	• Profit Corporation adop
. If amending name, enter the new name o	f the corporation:	
he new name must be distinguishable and control of the control of		
B. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		
	. 	
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		
. If amending the registered agent and/or r new registered agent and/or the new registered Agent:		enter the name of the
Nume of New Aegisterea Agent.		
New Registered Office Address:	(Florida street address)	
		, Florida (Zip Code)
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing the early accept the appointment as registered sition.		cept the obligations of th
· · · · · · · · · · · · · · · · · · ·	ignature of New Registered Agent if c	hanaina

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 Name Address Type of Action

			☐ Add ☐ Remove
Name of the last o			
			Add Remove
(attach ad	ing or adding additional Article ditional sheets, if necessary).	Be specific)	
Article IX -	The Fun Coast Down Synd	rome Association, Inc. is or	ganized exclusively for
charitable,	religious, educational, and	scientific purposes, includin	g, for such purposes, the
making of	distributions to organization	s that qualify as exempt org	anizations under section
501(c)(3) c	of the Internal Revenue Cod	e, or corresponding section	of any future federal tax
code.			
COUG.			
			<u></u>
			•
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		<u> </u>	,

The date of each amendment(s) a	doption: September 26, 2011
Effective date <u>if applicable</u> :	September 20, 2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adwas/were sufficient for approval	lopted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directo	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated Septem	per 29, 201
Signature	
have he	charman of vice chairman of the board, president or other officer-if directors them specied by an incorporator — if in the hands of a receiver, trustee, or urt appointed induciary by that fiduciary)
	Lori Laughren
	(Typed or printed name of person signing)
	President ·
	(Title of person signing)

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