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## **GOVER SETTER**

TO: Amendment Section \*\*
Division of Corporations

•	-			
NAME OF CORPORATIO	First Coast Technical	College Education l	Foundation, Inc	·.
DOCUMENT NUMBER:	N12000000147			
The enclosed Articles of Ame	endment and fee are subm	itted for filing.		
Please return all corresponder	nce concerning this matter	to the following:		
Arleen Dennison				
	(	Name of Contact Pe	erson)	
First Coast Technical College	e Education Foundation			
		(Firm/ Company	·)	
2980 Collins Avenue				
		(Address)		, ,,,,
St. Augustine, FL 32084				
	(	City/ State and Zip	Code)	
arleen.dennison@fctc.edu				
E-	mail address: (to be used	for future annual rep	ort notification	)
For further information conce	rning this matter, please c	all:		
Cecil Bateman		at	(904)	495-5149
(	Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made pay	able to the Florida I	Department of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi S Certifi	Filing Fee cate of Status ed Copy is sed)

### **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**

to

FILED SECRETARY OF STATE

	Articles of Incorporation	DIVISION OF CORPORATION	ć.
First Coast	Technical	College HM 20 PM 1: 3  prida Dept. of State)	7 Foundat
(Name of Corporation	as currently filed with the Flo	orida Dept. of State)	<b>-</b>
	MIDE	000000147	INC.
(Doesn	ment Number of Corporation (if	known	
	helit (valide) of Corporation (if	Kilowity	
ursuant to the provisions of section 617.1006, Flo mendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not F	For Profit Corporation adopts the following	
. If amending name, enter the new name of th	e corporation:		
		The new	
ame must be distinguishable and contain the word			
Company" or "Co." may not be used in the nam	<u>e</u> .		
Enter new principal office address, if applica	able:		
rincipal office address <u>MUST BE A STREET</u> A			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOV)		
(Mailing duaress MAT BE A POST OFFICE	<u>BUX</u> )		
If amending the registered agent and/or regi		a, enter the name of the	
new registered agent and/or the new register	red office address:		
Name of New Registered Agent:			
		Florida street address)	
New Registered Office Address:		Pioriau sireel aaaress)	
		<b>_</b>	
	(City)	, Florida (Zip Code)	
	(City)	(Zip Code)	
ew Registered Agent's Signature, if changing			
hereby accept the appointment as registered agen	ıt. I am familiar with and accep	ot the obligations of the position.	
_			
	Signature of New Regi	istered 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 <u>Doe</u> te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Sandra Fortner	2980 Collins Avenue
Add			St. Augustine, FL 32084
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
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6) Change			
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. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
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The date of each amendment(s) ado	ption:	$r \in \mathcal{E}(1)$ , if other than the
date this document was signed.		SECRETARY OF STATE JIVISION OF CORPORATION
Effective date <u>if applicable</u> :		5646 1444.00
	(no more than 90 days after amendment file date	9) 2016 JUN 20 PM 1:37
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requires artment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for	the amendment(s)
There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment.	nent(s) was/were
Dated 6/14/	2016	
Signature	M. Bateman	
have not been	an or vice chairman of the board, president or other of selected, by an incorporator – if in the hands of a recoporated fiduciary by that fiduciary)	
Cecil Bate	man	
	(Typed or printed name of person signir	g)
Chair		
	(Title of person signing)	