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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _		ST FITNESS FOU	JNDATION,	INC.	
DOCUMENT NUMBER	N15000000200				
DOCUMENT NUMBER:			•	414	
The enclosed Articles of Amendmo	ent and fee are submitt	ed for filing.			
Please return all correspondence co	oncerning this matter to	the following:			
Kathleen Heapy					
	(N	ame of Contact Per	son)		
Emerald Coast Fitness Founda	tion, Inc.				
···	••	(Firm/ Company)			
114 Ready Avenue NW					
		(Address)			
Fort Walton Beach, FL 32548					
	(Ci	ty/ State and Zip C	ode)		
swimECFF@gmail.com					
E-mail:	address: (to be used for	r future annual repo	rt notification	1)	
For further information concerning	this matter, please cal	l:			
Kathleen Heapy			850	585-6233	
(Name	of Contact Person)	«	Arca Code)	(Daytime Telephone Numb	er)
Enclosed is a check for the following	ng amount made payah	le to the Florida Do	epartment of !	State:	
	(\$43.75 Filing Fee & Certified Copy Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status led Copy Lional Copy is used)	
Mailing Addres			et Address		
Amenameni Seci	IOT	ል ነክተ	nament Secti	OFF	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	of		
Emerald Coast F	Aness Fair	Liton, Inc.	
(Name of Corporation as	s currently filed with the Flo	orida Dept. of State)	
NISODOOW 20)			
(Documer	nt Number of Corporation (if	known)	
·			
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not F	or Profit Corporation adopts the	following
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the word "e	corporation" or "incorporate	ed" or the abbreviation "Corp." c	or "Inc."
"Company" or "Co." may not be used in the name.			
B. Enter new principal office address, if applicable	e. /		
Principal office address MUST BE A STREET ADI			
	- \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
			SS -
	1/1		-0
C. Enter new mailing address, if applicable:		<u>ن</u> 	5
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>		——; ≆
5,	/		
2			. 2
\/	/		<u> </u>
D. If amending the registered agent and/or register	red office address in Florid:	a, enter the name of the	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent:			
_		Florida street address)	
New Registered Office Address:	11	THE HALL SOLL I HEALT COST	
		F1 '1	
_	(City)	, Florida (Zip Code)	
/	10.197	(Ci) Civiliz	
New Registered Agent's Signature, if changing Reg			
I hereby accept the appointment as registered agent.	t am familiar with and accep	ot the obligations of the position.	
_			
,	Signature of New Regi	stered 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>Mike</u>	<u>Doe</u> : Jones v Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	Bruce R. Braseth	9 Cambridge Avenue
Add			Fort Walton Beach, FL 32547
X Remove	raineady re	quested once, but no c	hange on sunbiz)
2) Change	S	Pamela K. Braseth	9 Cambridge Avenue
Add			Fort Walton Beach, FL 32547
	(audy rea	quested once, but no	o changeon sullbiz
3) Change	<u> </u>	Mathilda Ravine	317 W. Miracle Strip Pkwy
$\left\{\begin{array}{c} X \\ \hline \end{array}\right\}$ Add -			Mary Esther, FL 32569
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles (attach additional sheets, if necessary). (B	le specific)				
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August 1. 2018	
The date of each amendment(s) adoption:	, if other than the
daté this doéument was signed.	
August 1, 2018	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amend was/were sufficient for approval.	lment(s)
■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	/were
Dated 9-7-2018	
Signature (By the chairman or vice chairman of the board, president or other officer-if dir	regions
have not been selected, by an incorporator – if in the hands of a receiver, trust other court appointed fiduciary by that fiduciary)	
Gary W. Heapy	
(Typed or printed name of person signing)	
Vice President/Registered Agent	
(Title of person signing)	