

N15000001128

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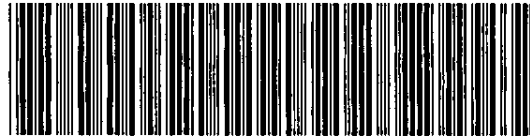
(Business Entity Name)

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FILED
15 JUL 30 AM 5:43
TALLAHASSEE, FLORIDA

Amcl
AUG 03 2015

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Denard Span Foundation, Inc.

DOCUMENT NUMBER: N15000001128

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carolynn Susan Smith
(Name of Contact Person)

Denard Span Foundation, INC.
(Firm/ Company)

5816 Autumn Shire Dr.
(Address)

Zephyrhills, Florida 33541
(City/ State and Zip Code)

Carolynnsmith1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolynn Susan Smith at (813) 758-8460
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Denard Span Foundation, Inc. 15 JUL 30 AM 5:43
(Name of Corporation as currently filed with the Florida Dept. of State)

N15000001128

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

A. If amending name, enter the new name of the corporation:

_____ The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. 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: _____

(Florida street address)

New Registered Office Address:

(City)

Florida
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|-----------|----------------------------|---|
| 1) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>ED</u> | <u>Wanda F. Wilson</u> | <u>15924 Countrybrook St.</u>
<u>Tampa, Florida</u>
<u>33624</u> |
| 2) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>C</u> | <u>Carolynn S. Smith</u> | <u>5816 Autumn Shire Dr.</u>
<u>Zephyrhills, Florida</u>
<u>33541</u> |
| 3) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>VC</u> | <u>Maurice Brown</u> | <u>31206 Alchester Drive</u>
<u>Wesley Chapel, Florida</u>
<u>33543</u> |
| 4) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>T</u> | <u>Annette Woods</u> | <u>24638 State Road 54</u>
<u>Lutz, Florida</u>
<u>33559</u> |
| 5) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>P</u> | <u>Keiunta Denard Span</u> | <u>15924 Countrybrook St.</u>
<u>Tampa, Florida</u>
<u>33624</u> |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

- 1) Currently Wanda F. Wilson is listed as Executive Director. There is a Change. Wanda F. Wilson is named Vice President (V).
- 2) Currently Carolynn S. Smith is listed as Chair. There is a change. Carolynn S. Smith is named Director (D).
- 3) Currently Maurice Brown is listed as Vice Chair. There is a change. Maurice Brown is removed from the Inc. / Board.
- 4) Currently Annette Woods is named Treasurer. There is a change. Annette Woods is removed from the Inc. / Board.
- 5) We would like to add Keiunta Denard Span as the President (P).

Change to Article III: The new purpose for which the corp. is organized needs to be changed to the following:

Denard Span Foundation, Inc. mission is to partner with community outreaches in Hillsborough County, Florida and Washington, D.C. -- who serve single parent homes with school age kids. Leveraging Denard Span's influence as a professional athlete to draw resources into local nonprofits in an effort to increase their capacity to service the needs of the target population of single parents. The Denard Span Foundation will also host baseball camps, back to school drives, Holiday events and group, life coaching events.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: July 27, 2015
(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 date will not be listed as the document's effective date on the Department of State's records.

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 July 27, 2015

Signature Carolynn Susan Smith
(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)

Carolynn Susan Smith
(Typed or printed name of person signing)

Director
(Title of person signing)