## N15000002157

LDT' LC V D V (Requestor's Name)
1935 Old Tomoka
Ormind Bch Fl 3217
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 3/3/18  LOTI LEVOY  Advised to Add  (INC.) to Current  And  New Manu

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 26, 2018

ADRIAN MCPHERSON AIR5 ATHLETICS & TRAINING, INC. 9307 54TH CT E PARRISH, FL 34219

SUBJECT: AIR5 ATHLETICS & TRAINING, INC

Ref. Number: N15000002157

Send To: 1935 Old Tomoka Road W

Drmond Bloch 33114

We have received your document for AIR5 ATHLETICS & TRAINING, INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 918A00001785

## Articles of Amendment to Articles of Incorporation of

AIR5 Athletics & Training, INC		,
(Name of Corporation as current	y filed with the Florida	Dept. of State)
47-3830164		
(Document Numbe	r of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this <i>Florida Not For P</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:	
The McPherson5 Foundation,I NIC。		The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on" or "incorporated" (	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		
	·····	W 18 CO
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
		<u> </u>
		<u> जि</u> र्
•		
D. If amending the registered agent and/or registered office		ter the name of the
new registered agent and/or the new registered office ad	<u>ldress:</u>	
Name of New Registered Agent:		
	(Florid	da street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Registered	\gent:	
hereby accept the appointment as registered agent. I am fam		e obligations of the position.
Sig	gnature of New Registere	ed 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change	<del></del>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
<del></del>			
6) Change			
Add			·
Remove			

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)	·					
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The date of each amendment(s) ad date this document was signed.	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blod document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will no partment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad was/were sufficient for approva	dopted by the members and the number of votes east for the amendment(s) al.	
There are no members or memb	pers entitled to vote on the amendment(s). The amendment(s) was/were prs.	
1-19-2018 Dated	•	
Signature		
(By the chair	man or vice chairman of the board, president or other officer-if directors	
	en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Lori Leve	oy	
	(Typed or printed name of person signing)	
Vice Pre	esident ·	
	(Title of person signing)	