

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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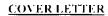
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TO: Amendment Section Division of Corporations

P₄1 6

NAME OF CORPORATION:	DZONE FOUNDATION IN	CORPORAT	TED
N17000002526			
DOCUMENT NUMBER:		_	
The enclosed Articles of Amendment and fee ar	e submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
TARYN BLAKE			
	(Name of Contact Per	son)	
COUGAR ENDZONE FOUNDATION INCOR	RPORATED		
	(Firm/ Company)		
2683 SW 85TH AVENUE			
	(Address)	_	
MIRAMAR, FLORIDA 33025			
	(City/ State and Zip C	ode)	
COACHGCOX@gmail.com			
E-mail address: (to be	c used for future annual repo	rt notification	1)
For further information concerning this matter, p	lease call:		
TRACESHAUD CARTER	at	954	319-5864
(Name of Contact P	erson) (Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma	ide payable to the Florida De	epartment of:	State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St	ee & □\$43.75 Filing Fee & atus — Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee icate of Status ied Copy tional Copy is ised)
Mailing Address Amendment Section		et Address indment Secti	on

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

FILED

Articles of Amendment to Articles of Incorporation of

17 OCT 12 AH 11: 49

C.SEGRETARY OF SIMILE TARLAHASSAF FESHISA

COUGAR ENDZONE FOUNDATION INCORPORATED

	n as curren	tly filed with the Florida	Dept. of State)
N17000002526			
(Doeu	ment Numb	er of Corporation (if know	AIR)
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation;	orida Statute	s, this <i>Florida Not For P</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of th	e corporati	ion:	
N/A			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		tion" or "incorporated" a	
B. Enter new principal office address, if applicable:		2683 SW 85TH AVENUE	
(Principal office address <u>MUST BE A STREET</u> A		MIRAMAR, FLORIDA 33025	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		2683 SW 85TH AVENU	JE.
		MIRAMAR, FLORIDA 33025	
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered offic	e address in Florida, ent	er the name of the
		- A. GASPARD, PLLC	
Name of New Registered Agent:			
	6625 MIA	MI LAKES DR. SUITE :	231
New Registered Office Address:		(Florid	a street addressi
	MIAMI L	AKES	33014
		(City)	, Florida <u>************************************</u>
		•	Trap Concey
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	<u>Registered</u> 11. – Lam fan	Agent: niliar with and accept the	obligations of the position.
_		gnaufe at New Registered	d Agent, if changing

Page 1 of 4

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; FR: 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove		,	
2) Change			
Add			
Remove			
3.) Change			
AJJ			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
			-
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary) (Be specific)	
N/A	
	_

The	date of each amendment(s) adoption:	, if other than the
date	this document was signed.	
Effe	ective date <u>if applicable</u> :	
	tno more than 90 days after amendment file dates	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ument's effective date on the Department of State's records.	not be listed as the
Ade	option of Amendment(s) (<u>CHECK ONE</u>)	
	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 SEPTEMBER 1, 2017	
	Signature franchisch (anter	
	(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)	
	TRACESHAUD CARTER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	