## N17000003685

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

KODY FOUNDAT NAME OF CORPORATION:	ION, INC.		
N17000003685			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Avery Adcock			
	(Name of Contact Po	erson)	
KODY FOUNDATION, INC.			
	(Firm/ Company	·)	
1314 Bayview Avenue			
	(Address)		
Panama City, FL 32401			
	(City/ State and Zip (	Code)	<del>, ,</del>
avery112@comcast.net			
E-mail address: (to be use	d for future annual rep	ort notification	1)
For further information concerning this matter, please	e call;		
Avery Adcock	et.	850	624-6216
(Name of Contact Person	at .		(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida I	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi S Certifi	Filing Fee cate of Status ed Copy tional Copy is sed)
Mailing Address Amendment Section		eet Address nendment Secti	on
Division of Corporations		ision of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Art	of	<u>پ</u>
KODY FOUNDATION, INC.	OI.	
Name of Corporation as currently filed with the Flori	da Dept. of State)	
N1700003685		<u> </u>
(Document No	umber of Corporation (if known)	÷ .
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the corpo N/A	oration:	The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ess) N/A	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N/A	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		e name of the
Name of New Registered Agent:	19/11	
	(Florida stree	t address)
New Registered Office Address:	$\alpha \cup A$	
	N/A	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		gations of the position.
	N/A	
	Signature of New Registered Age	nt, 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	PT         John Do           V         Mike Jo           SV         Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	<u>s</u>	Glen Frye	Panama City, FL 32405
<ul> <li>X Remove</li> <li>2) Change Add</li> </ul>	<u>s</u>	Kerry McLane	P.O. Box 27007 Panama City, FL 32411
Remove 3) Remove	<u>v</u>	Mark Register	P.O. Box 18799 Panama City, FL 32411
4) Change Add	<u>v</u>	Shawn Hochstetler	3539 Fox Run Boulevard Panama City Beach, FL 32408
Remove  5) Change    Add			
Remove 6) Change			
Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
	10 17		

	<del></del>
<del></del>	<del></del>
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not meet the applicable statutory filing rec	

**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.

	12/31/2024
Dated	
Signatu	" Wery Uldrok
Č	(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)
	Avery D. Adcock
	(Typed or printed name of person signing)

(Title of person signing)