## N17000003944

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(Cit	y/State/Zip/Phor	ne #)
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Special Instructions to	Filing Officer:	
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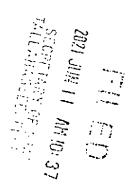
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

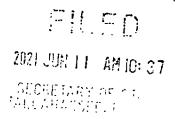
Tallahassee, FL 32314

NAME OF CORPORATION:	s. Inc.	<del> </del>	
N17000003944			
DOCUMENT NUMBER:		·	
The enclosed Articles of Amendment and fee are submit	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
Nathan Thomas			
	Name of Contact Pe	rson)	
Copilevitz, Lam & Raney, PC			
	(Firm/Company	')	
310 W. 20th Street. Suite 300			
	(Address)		
Kansas City, MO 64108			
(0	City/ State and Zip (	Code)	
nthomas@cirkc.com			
E-mail address: (to be used	for future annual rep	or: notification	)
For further information concerning this matter, please of	all:		
Nathan Thomas	at	816	472-9000
(Name of Contact Person)	<u></u>	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida l	Department of	State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & ■ Certificate of Status	#\$43.75 Filing Fec Certified Copy (Additional copy i enclosed)	Certifi s Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	An Di	reet Address mendment Sectivision of Corpo me Centre of Ta	rations

2415 N. Monroe Street, Suite 810 Taliahassee. FL 32303

6/9/2021, 1:46 PM

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## Articles of Amendment to Articles of Incorporation of

Fostering Connections, Inc.		
(Name of Corporation as currently filed with the F	lorida Dept. of State)	
N17000003944		
(Documen	t Number of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006. Floridamendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
National Fund for Foster Care Children, Inc.		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	<u>DRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	D.X)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida. office address:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Fic	rida stree; address)
		, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re- I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept	the obligations of the position.
_	Signature of New Registe	red 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	PT         John Do           V         Mike Jo           SV         Sally Sr	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	<del></del>		
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
Article I NAME shall be	deleted in its enti	rety and replaced with the following:	
Article I NAME: The	name by which th	is Corporation shall be known is National Fun	d for Foster Care Children, Inc.

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The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:		
	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 June 9 2021
Signature  (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)
TONNA PARRETT  (Typed or printed name of person signing)
President (Title of person signing)