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## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

	Sheriff's Foundatio	on Inc.		
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	submitted for filing	¥; ,		
Please return all correspondence concerning this in	natter to the follow	ring:		
John Holcomb				
	(Name of Con	tact Person)		
Non Profit Services Inc.				
	(Firm/ Co	mpany)		
915 Thelma Street				
	(Addr	ess)		
Orange City, FL 32763				
	(City. State an	d Zip Code)		
admin@nonptofserv.com				
E-mail address: (to be a	used for future ann	ual report no	olification	n)
For further information concerning this matter, ple	case call:			•
John Holcomb		386 at		846-9477
(Name of Contact Per	son)			(Daytime Telephone Number)
Enclosed is a check for the following amount mad	le payable to the Fl	orida Depart	ment of	State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stati		рy	Certifi Certiti	) Filing Fee icate of Status ied Copy ional Copy is esed)
<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Division The Cen	ent Secti of Corpo	

2415 N. Monroe Street, Suite 810

Tallahassee, F1, 32303

## Articles of Amendment to Articles of Incorporation of

Volusia County Sheriff's Foundation Inc.			
(Name of Corporation as currently filed with the Flor	rida Dept. of State	ŀ	
N17000005022			
(Document S	sumber of Corpora	tion (if known)	
Pursuant to the provisions of section 617-1006, Florida Samendment(s) to its Articles of Incorporation:	itatutes, this <i>Florid</i>	a Not For Profit Corporation add	opts the followin
A. If amending name, enter the new name of the corp	oration:		
Volusia Sheriff's Foundation Inc.			The new
name must be distinguishable and contain the word "cor" Company" or "Co." may not be used in the name.	poration" or "ince	orporated" or the abbreviation "C	Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u> )		
		84	
	<del></del>	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
(Mailing dadress MAT BE A FOST OFFICE BOA)	<u> </u>		
D. If amending the registered agent and/or registered		Florida, enter the name of the	<sub>55.3</sub>
new registered agent and/or the new registered of	fice address:		
Name of New Registered Agent N/A			
		(Florida street address)	,
New Registered Office Address:			<u>ئانا</u> سىم
N A		Florida _	odey E
	<i>(Сіқ)</i>	(Zip Ce	nde)
New Registered Agent's Signature, if changing Regist			
I hereby accept the appointment as registered agent. I a	m <sub>i</sub> familiar with an	d accept the obligations of the po	sition,

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:  X Change X Remove X Add		Doe : Jones : Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change Add		<u>N/A</u>	
Remove			
2) Change Add			
Remove			
4) Change Add			
Remove			·
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or addin</u> (attach additional shee)	g additional A s, if necessary)	rticles, enter change(s) here: (Be specific)	
N A			

Effective date <u>if applicable</u> :	ile date)
The date of each amendment(s) adoption: date this document was signed.  Effective date if applicable:	

The amendment(s) was were adopted by the members and the number of votes cast for the amendment(s) was were sufficient for approval.

(CHECK ONE)

document's effective date on the Department of State's records

Adoption of Amendment(s)

	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.
Dated	2/23/2021
Signatur	Sec Har
	(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)
	John Hamlin
	(Typed or printed name of person signing)
	Chairman of the Board
	(Title of person signing)