## MIDOOOGUI

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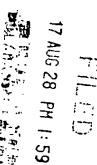


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## COVER LETTER

TO: Amendment Section Division of Corporations

Frai NAME OF CORPORATION:	nklin County Youth	Football and Cheer	r, Corp	
N170000				
The enclosed Articles of Amendmen	t and fee are submitt	ed for filing.		
Please return all correspondence con-	cerning this matter to	the following:		
Lani Rae Segree				
	(N	ame of Contact Per	rson)	
		(Firm/ Company)	)	1174 118
113 Opal Chambers				
<u> </u>		(Address)		
Apalachicola, Florida 32320				
	(C	ity/ State and Zip C	Code)	
franklincoyouthfootballncheenegmai	l.com			
E-mail ad	dress: (to be used for	r future annual repo	ort notification	)
For further information concerning th	nis matter, please cal	1:		
Lani R. Seg <b>ree</b>			850	2479542
(Name o	of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	; amount made payat	ole to the Florida D	epartment of S	tate:
	(	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address		Str	eet Address	

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED)

17 AUG 28 PH 1:59

Franklin County Youth Football and Cheer, Corp (Name of Corporation as currently filed with the Florida Dept. of State N17000008407 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: . Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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	PT         John Do           V         Mike Jo           SV         Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	Pres	Heather M Hutchins	1535 Jacobs Way
Add			Carrabelle, FL 32322
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			-
Add			
Remove			
5) Change		<del> </del>	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articational Artication (attach additional sheets, if necessary).	(Be specific)
N/A	
	·
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	

N/A	
The date of each amendment(s) adoption:, if or	ther than the
date this document was signed.	
8/25/2017	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste document's effective date on the Department of State's records.	ed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes east 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 8/25/2017	
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)	
Lani Rae Segree	
(Typed or printed name of person signing)	
Treasurer	
(Title of person signing)	