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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	CHRIS HIXON AT	THLETIC SCHOLAI	RSHIP FUND C	CORPORATION
DOCUMENT NUMBER:	N18000003311			
The enclosed Articles of A	mendment and fee are sub	omitted for filing.	-	
Please return all correspond	dence concerning this matt	er to the following:		
Debra Hixon				
···· -		(Name of Contact I	Person)	
		(Firm/ Compar	ny)	
803 N Golf Dr.				
		(Address)		
Hollywood, FL 33021				
		(City/ State and Zip	Code)	
chrishixonscholarship@gm	ail.com			
	E-mail address: (to be use	for future annual re	port notification	
For further information con	cerning this matter, please	e call:		
Thomas Hixon		а	954 t	600-3439
	(Name of Contact Persor	1)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is used)
Mailing .	Addroce	9	troot Addroce	

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

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CHRIS HIXON ATHLETIC SCHOLARSHIP FUND CORPORATION

(Name of Corporation as currently filed with the Florida D	Dept, of State)	<u> </u>
N18000003311		**
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corpo	ration adopts the following
A. If amending name, enter the new name of the corporati	on:	
Chris Hixon Foundation Corporation		The new
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbre	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
 If amending the registered agent and/or registered office new registered agent and/or the new registered office a 		ie of the
N:/A	**************************************	
Name of New Registered Agent:	·	
	(Florida street addre	rs)
New Registered Office Address:	(, , , , , , , , , , , , , , , , , , ,	••/
		, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered a large l		of the position.
Si	gnature of New Registered Agent, if c	hanging

If aniending 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	$\frac{PT}{\underline{V}}$ \underline{SV}	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add		<u>N/A</u>	
Remove			
2) Change Add		<u>N/A</u>	
Remove 3) Change Add Remove		<u>N/A</u>	
4) Change Add		<u>N/A</u>	
Remove			
5) Change Add		<u>N/A</u>	
Remove			
6) Change Add		<u>N/A</u>	
Remove			
E. <u>If amending or addin</u> (attach additional shee	g additic ts. if nece	onal Articles, enter change(s) here: ussary). (Be specific)	
Article 2, Section 2, Spec	rific Obje	ctives and Purposes	
The specific objectives a	nd purpos	ses of this corporation shall be:	
To provide funds for edu	cational s	cholarships, awarded yearly, to one or more sele	cted student-athletes from Broward County
Article 3, Section 8. Reg	ular Meet	ings	
Regular meetings of direc	ctors shal	l be held on a quarterly basis at 803 North Golf I	Drive, Hollywood, Florida, at 7:00 p.m.,

same hour and place on the next b	ousiness day.	
		
Amendment of all instances of "C	HRIS HIXON ATHLETIC SCHOLARSHIP FUND" to "CHRIS HIXON	"FOUNDATION"
	····	
		
	•	
The date of each amendment(s) a	rdantion: 5/24/2022	, if other than th
late this document was signed.	mophon.	, ii omer man ui
Effective date <u>if applicable</u> :	/2022	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the D	ock does not meet the applicable statutory filing requirements, this date w	ill not be listed as the
soomione o cricense date on tile 12	epiterisen of come a rocordo.	

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

was/were sufficient for approval.

D . 1	8/18/2022	
Dated		
Signatu	re de	16
	have not been selected,	e chairman of the board, president or other officer-if directors by an incorporator – if in the hands of a receiver, trustee, or
	other court appointed fi	iduciary by that fiduciary)
	Thomas Hixon	iduciary by that induciary)
		(Typed or printed name of person signing)

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