Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Ta:

Division of Corporations

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From:

Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P.A.

Account Number : I19980000057 : (850)973-4186 Phone Fax Number : (850)973-8564

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

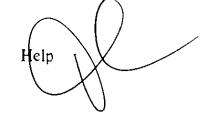
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COR AMND/RESTATE/CORRECT OR O/D RESIGN THE MADISON COUNTY SHERIFF'S YOUTH FOUNDATION, INC.

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu



COYER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORAT		COUNTY SHERIFF'S Y	OUTH FOUNDATION, INC.
DOCUMENT NUMBER	N21000006275		
The enclosed Articles of A	Amoudment and fee are s	sbruitted for filling.	
Please return all correspon	idence concerning this ma	atter to the following:	•
DAVID HARPER			
		(Name of Contact Pers	on)
THE MADISON COUNT	TY SHERIFF'S CHARIT	Y FUND, INC.	
		(Firm/ Company)	
2364 W US 90			
	 	(Address)	
MADISON, FLORIDA 32	2340		
		(City/ State and Zip Co.	de)
tammy, tuter	B-mail address: (to bo us	CO.	Inotification)
For further information con			,
<u></u>	•		ana ana usan
lammy	(Name of Contact Person	atat	850 973 - 4151 ren Code) (Daytime Telephono Number)
Enclosed is a check for the			
		□\$43.75 Filing Fee &	
Mailing A	Address		Address

Malling 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

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Articles of Amendment

Articles of Incorporation

(((H22000430385 3)))

oſ

(Name of Corporation as currently filed with the Florida I	Dept. of State)	
N21000006275		
(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 Corpora	ution adopts the following
A. If amending name, enter the new name of the corporat	ion:	
THE MADISON COUNTY SHERIFF'S CHARITY FUND,	INC.	The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbrevi	
B. Enter_new principal office address, if applicable:	2364 W US 90	
(Principal office address MUST BE A STREET ADDRESS	MADSON, FLORIDA 32340	
		707
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2364 W US 90	
	MADISON, FLORIDA 32340	7
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		د
Name of New Registered Agent: N/A		
New Registered Office Address:	(Florida street address)	
	, F	lorida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan		f the position.
Sig	nature of New Registered Agent, if cha	inging

77	(H22000430385)	3)	11
111	(114400043033)	J)	"

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 I V Mike SV Sally	Jones .	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
i) Change Add		N/A	
Remove 2) Change Add			20 ? DF C
Remove 3) Remove Add Remove			22 MI 3:
4) Change Add			30
RemoveChangeAdd			
Remove 6) Change Add			
Remove E. If amending or additional she		ticles, enter change(s) here: (Be specific)	
N/A			
· · · · ·			

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		202
		22
		
		<u>:</u>
The date of each amendment(s) adop date this document was signed.	tion:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date witment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the number of votes east for the amendment(s)
	(((H22000430385 3)))

There are no members or members cutified to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

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)

Epp Richardson (Typod or printed name of person signing)

dot Director