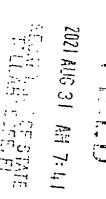
NAICCCU09556

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Cassial Instructions to Filian Officer
Special Instructions to Filing Officer:

Office Use Only



400372299254



A. Butli

COVER LETTER

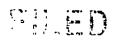
TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Fox Foundation Corporation	n 		
DOCUMENT NUMBER: N21000009586				
The enclosed Articles of Amendment and fe	e are submitted for filing.			
Please return all correspondence concerning	this matter to the following	g:		
Ann Marie Fox				
	(Name of Contac	ct Person)		
 	(Firm/ Com	pany)		
401 East Las Olas Blvd Suite 130-167				
	(Address	s)		
Fort Lauderdale, Florida 33301				
	(City/ State and 2	Zip Code)		
ann.fox@richardjfoxfoundation.org				
E-mail address: (to be used for future annua	l report notifica	ation)	
For further information concerning this matter	er, please call:			
Ann Marie Fox		954 _ at	610-0939	
(Name of Conta	ct Person)	(Area Cod	le) (Daytime Telephon	ie Number)
Enclosed is a check for the following amoun	it made payable to the Flor	ida Department	of State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate o		y Co py is Co (A	2.50 Filing Fee entificate of Status entified Copy dditional Copy is nelosed)	
Mailing Address Amendment Section		Street Addre Amendment S		

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

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



Richard J Fox Foundation Corporation

(Name of Corporation as currently filed with the Flori	da Dept. of State)	ZUZTAUG 3 T AH 7: 4
N21000009586		TO ME TO THE COMMENT
(Document N	umber of Corporation (if known)	MALALLISEE, FL
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration or "incorporated or the	abbreviation "Corp. or "inc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)	
in the part of the decree is a second of the part of t		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered	office address in Florida, enter th	ne name of the
new registered agent and/or the new registered offi		
Name of New Registered Agent:		
New Registered Office Address:	(Florida stree	t address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register		
I hereby accept the appointment as registered agent. I ar	m familiar with and accept the oblig	gations of the position.
	Signature of New Registered Age	nt, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, I 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 Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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 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 Mike Jones. V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change Add	<u>P</u>	Ann Marie Fox	401 E. Las Olas Blvd, Suite 130-1 fort Lauderdale, Fl. 33301
Remove			
2) Change Add		 	
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	 		
Remove			
E. If amending or additional she	ing additional Areets, if necessary).	rticles, enter change(s) here: . (Be specific)	
			· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·		

	
	
The date of each amendment(s) adoptedate this document was signed.	ion:, if other
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block of document's effective date on the Depart	loes not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)

Dated	MM Fee
ha	the chairman or vice chairman of the board, president or other officer-if directors ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or
oth	ner court appointed fiduciary by that fiduciary)
	Ann Marie Fox
	(Typed or printed name of person signing)
	President
	(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.