N21637

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COVER LETTER

TO: Amendment Section Division of Corporations

The Ferna NAME OF CORPORATION:	ndina Beach High Scho	ol Foundation, It	nc.	
N21637 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and f	ee are submitted for fili	ng.		
Please return all correspondence concerning	g this matter to the follo	wing:		
Debra Yarborough				
	(Name of Co	ontact Person)		
The Fernandina Beach High School Founda	ation			
	(Firm/ C	Company)		
P.O. Box 15726				
	(Add	dress)	<u> </u>	
Fernandina Beach, FL 32035				
	(City/ State a	and Zip Code)		
aifinn@comcast.net				
E-mail address: (to be used for future an	nual report notifi	cation)	
For further information concerning this mat	ter, please call:			
Debra Yarborough		(904) at	261-7479	
(Name of Cont	act Person)	(Area C	ode) (Daytime T	'elephone Number)
Enclosed is a check for the following amount	nt made payable to the I	Florida Departme	nt of State:	
\$35 Filing Fee \$43.75 Filing Certificate	ng Fee & \$\sum_\$43.75 Fil of Status Certified C (Additiona enclosed)	Copy Il copy is	\$52.50 Filing Fee Certificate of Statu Certified Copy (Additional Copy is Enclosed)	
Mailing Address		Street Add	ress	

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

•	OI .	· · · · · · · · · · · · · · · · · · ·
NOT APPLICABLE		
(Name of Corporation a	s currently filed with the Florid	la Dept. of State)
(Docume	nt Number of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Floric amendment(s) to its Articles of Incorporation:	la Statutes, this Florida Not For	Profit Corporation adopts the followin
A. If amending name, enter the new name of the c	orporation:	
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	corporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	e:	
Principal office address <u>MUST BE A STREET AD</u>		
,	<i>j</i>	
E. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	PX)	
-	· · · · · · · · · · · · · · · · · · ·	·
 If amending the registered agent and/or register new registered agent and/or the new registered 		ter the name of the
Name of New Registered Agent:		
	(Flori	da street address)
New Registered Office Address:		
_	· · · · · · · · · · · · · · · · · · ·	, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.		e obligations of the position.
	Signature of New Registere	ed 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	<u>V</u> <u>Mil</u>	nn <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P.	GINNY BURNET	. 104 NORTH WOLFF STREET
Add			FERNANDINA BEACH, FL
X Remove			32034
X 2) Change	Р	JOHN POWELL	487 CROSSWIND DRIVE
Add			FERNANDINA BEACH, FL
Remove			32034
X 3) Change	v	DURAND CHILDERS	2155 SAFE HARBOR LANE
Add			FERNANDINA BEACH, FL
			32034
Remove	т	DEBRA YARBOROUGH	2694 RACHEAL AVE
4) Change			FERNANDINA BEACH, FL
Add			32034
Kelikive			•
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
NOT APPLICABLE	A State of the Sta
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The date of each amendment(s) adoption: 04-01-2017 , if other than the date this document was signed.
Effective date if applicable: 05-01-207
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast 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 6-20-2017
Signature Debra Myarboron
(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)
Debra M YARBORDUGH
(Typed or printed name of person signing)
Treasurer
(Title of person signing)