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JUN 2 8 2022 S. PRATHEF

		<u>COVER LET</u>	<u>ter</u>		
FO: Amendment Section Division of Corporation	15				
NAME OF CORPORATION	Florida Racing Char	ities, Inc.			
DOCUMENT NUMBER:	N22000001173			<u> </u>	
The enclosed Articles of Am	condiment and fee are sub	mutted for filing.			
Please return all corresponde	ence concerning this matt	ler to the following	;		
Amber Jacob					
		(Name of Contact	Person	)	
Florida Racing Charities					
	<u></u>	(Firm/ Comp	any)		
616 Cypress Ave					
		(Address)	)	·	········
Venice, FL 34285					
	<u> </u>	(City/ State and Z	ip Code	;)	
amber@gulfbreezeapparel.c	com				
F	mail address: (to be use	d for future annual	report i	otification	1}
For further information con-	cerning this matter, pleas	e call:			
Am <del>ber</del> Jacob					
	(Name of Contact Person	n)	Ar (Ar	ea Code)	(Daytime Telephone Nun
Enclosed is a check for the t	following amount made p	ayable to the Florid	ia Depa	rtment of	Sinte:
🗑 \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing F Certified Copy (Additional cop enclosed)		Certifi Certifi	) Filing Fee icate of Status ied Copy itonal Copy is ised)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			<u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	nt Section		Amend Divisio	ment Secti n of Corpo	orations

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Articles of Iscorporation     of     Florida Racing Charities, Inc.     (Name of Corporation as currently filed with the Florida Bent, of State)     (Document Number of Corporation (if known)     (Torporation soft section 617, 1006, Florida Statutes, this Florida Not For Profit Corporation adopts the delawing     anendment(s) to its Articles of Incorporation:     A. If amending name, enter the new name of the corporation "or "incorporated" or the abbreviation "Corp" or "Inc."     Company" or "Co." may not be used in the name.     B. <u>Enter new principal office address, if applicable:</u> (Principal office address, if applicable:     (Mailing address <u>MAY BE A POST OPFICE BOX</u> )     (If amending the registered agent and/or the new registered affice address;     Name of New Regustered Agent     Venice     Venic		Article	es of Amendment			
of     Image: Startistics, Inc.       Name of Corporation as currently filed with the Eforida Deat. of State)     Image: State St		Article	••			
Name of Corporation as currently filed with the Elorida Dent. of State)       If an end of Corporation as currently filed with the Elorida Dent. of State)         (Document Number of Corporation (if known)       If an end of the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopt the following amendment(s) to its Articles of Incorporation:         A. If amending name, enter the new name of the corporation:       If amending name, enter the new name of the corporation:         A. If amending name, enter the new name of the corporation or "incorporated" or the abbreviation "Corp " or "Inc."         "Company" or "Co." may and be used in the name.         R. Enter new principal office address. If applicable:         (Mailing address MUST BE A STREET ADDRESS)         Venice, FL 34285         Or if a endersy file office address. If applicable:         (Mailing address MAY BE A POST OFFICE BOX)         Mame of New Registered Agent:         Name of New Registered Agent:         New Registered Agent's Signature, if changing Registered Agent;			•		TA:	26
Name of Corporation as currently filed with the Elorida Dept. of State)       If an endine of Corporation (if known)         (Document Number of Corporation (if known)       If an endine (if known)         Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopt the following amendment(s) to its Articles of Incorporation:       If amending name, enter the new name of the corporation:         A. If amending name, enter the new name of the corporation:       If amending name, enter the new name of the corporation:       If a new incorporated " or the abbreviation "Corp " or "Inc."         "Company" or "Co." may not be used in the name.       616 Cypress Ave.       616 Cypress Ave.         R. Enter new mailing address. If applicable:       616 Cypress Ave.       Venice, FL 34285         Or if a mending the registered agent and/or registered affice address;       Amber Jacob       616 Cypress Ave.         Name of New Registered Agent:       Amber Jacob       616 Cypress Ave.         New Registered agent and/or registered affice address;       Amber Jacob       616 Cypress Ave.         Name of New Registered Agent:       Amber Jacob       616 Cypress Ave.         New Registered Office Address:       Amber Jacob       616 Cypress Ave.         New Registered Agent's Signature, if changing Registered Agent;       14285       616 Cypress Ave.	Florida Racing Charities, Inc.				Fo	22
(Document Number of Corporation (if known)         (Document Number of Corporation adopt the identities address of Incorporation:         (Document Number of Corporation (if known)         (Principal office address, If applicable;         (Principal office address, If applicable;         (Principal		Florida	Dent of State)		<u>&gt;</u>	-H
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nume 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.           8. Enter new principal office address. If applicable:         616 Cypress Ave.           Perincipal office address. MUST BE A STREET ADDRESS         Venice, F1 34285           C. Enter new mailing address. If applicable:         616 Cypress Ave.           (Mailing address MAY BE A POST OFFICE BOX)         616 Cypress Ave.           Venice, FL 34285         Venice, FL 34285           D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agents and/or the new registered affice address in Florida, enter the name of the new registered office address:           Name of New Registered Agent:         Amber Jacob           (City)         (Florida treet address)           Venice         Florida           Venice         Florida						
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(Mailing address <u>MAY BE A POST OFFICE BOX</u> ) Venice, FL 34285 10. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address; <u>Name of New Registered Agent</u> : <u>Amber Jacob</u> <u>616 Cyptess Ave</u> <u>(Florida utreet address)</u> <u>New Registered Office Address</u> : <u>Venice</u> <u>(Florida 34285</u> ) <u>Started Agent's Signature, if changing Registered Agent;</u>			616 Cypress Ave.			
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: <u>Name of New Registered Agent</u> : <u>Amber Jacob</u> <u>616 Cyptess Ave</u> <i>(Florida three address)</i> <u>New Registered Office Address</u> : <u>Venice</u> <u>(City)</u> <u>Florida</u> <u>34285</u> <u>(Zip Code)</u> New Registered Agent's Signature, if changing Registered Agent;	(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BQX</u> )				
new registered agent and/or the new registered affice address:         Name of New Registered Agent:         Amber Jacob         616 Cyptess Ave         (Flands street address)         New Registered Office Address:         Venice         (City)         Florida         34285         (Zip Code)         New Registered Agent's Signature, if changing Registered Agent;			Venice, FL 34285		<u> </u>	
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new registered agent and/or the new registered affice address:         Name of New Registered Agent:         Amber Jacob         616 Cyptess Ave         (Flands street address)         New Registered Office Address:         Venice         (City)         Florida         34285         (Zip Code)         New Registered Agent's Signature, if changing Registered Agent;					<u> </u>	<u>,</u>
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(Florida street address) <u>New Registered Office Address</u> : <u>Venice</u> (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent;	Name of New Registered Agent:	Amber Ji	acob	- <u></u> .		
(Florida street address) <u>New Registered Office Address</u> : <u>Venice</u> (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent;		616 Cyp	tess Ave			
Venice Florida 34285 (City) (Zip Code)			<u> </u>	"landa (treet address)	- <u>-</u>	<u>-</u> -
(City) (Zip Code)	New Registered Office Address:					
(City) (Zip Code)		Venice		Fb	34285	
New Registered Agent's Signature, if changing Registered Agent:			(City)			
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						

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Signuture of New Registered Agent, if changing

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## 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 hulds 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.

Lixample: X.Change X.Remove X.Add	$\overline{\underline{\mathbf{y}}}$	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	Titls	<u>Name</u>	Address
1) Change Add	<u>P</u>	Kimberly Hussey	3258 N Chambertain Bly North Port,FL 34286
	<u>vp</u>	TracyHussey	3258 N Chamberlain Blvd North Port, Fl 34286
<ul> <li>Kemove</li> <li>Change</li> <li>Add</li> <li>Kemove</li> </ul>	VP	Chris Fleeman	3258 N Chamberlain Blvd North Port, FL 34286
4) Change <u>*</u> Add	<u>P</u>	Amber Jacob	616 Cypress Ave Venice, FL 34285
Remove 5) Change 4 Add	<u>VP</u>	Chadwick Jacob	616 Cypress Ave Venice, FL 34285
6) Remove Add			
E. <u>If amending or add</u> (attach additional sho	<u>ing additig</u> rets, if necc	mal Articles, enter change(s) hers: assury). (Be specific)	

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The date of each amendment(s) adopti	April 4, 2022	id ask as show that
The date of each amendment(s) adopti date this document was signed.	ion:	, if other than the
Effective date if applicable: Apr	(nu more than 90 days after amendment file date)	
Note: If the date inserted in this block de document's effective date on the Departr	loes not meet the applicable statutory filing requirements, I ment of State's records.	his date will not be listed as the
Adaption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the arr	endment(s)

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

April 25, 2022 Dated Æ Will Signature >---(By the chairman or vice chairman of the board, president of 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)

Kimberly Hussey

(Typed or printed name of person signing)

President

(Title of person signing)

2022 MAY -6 PM 3: 34 EAHASSEE, FLORIDA FILED