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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

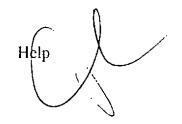
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN MARLA M. KOSEC FOUNDATION, INC.

Certificate of Status Certified Copy 0 05 Page Count Estimated Charge \$35.00

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## Articles of Amendment Articles of Incorporation of

Marla l	M. Kosec Foundation	, Inc.	
Name of Corporation as currently filed with the Florida	Dept. of State)		
N220	000006097		
<u> </u>	nber of Corporation (	if known)	
Pursuant to the provisions of section 617,1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not</i>	t For Profit Corporation adop	ets the following
A. If amending name, enter the new name of the corpor	ation:		
			The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorpor	ated" or the abbreviation "Co	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>s</u> )		
			<u>.</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
	<del>- ·</del>	<u>-</u>	2022
			<u> </u>
D. If amending the registered agent and/or registered of		ida, enter the name of the	• <b>29</b>
new registered agent and/or the new registered office	: address:		asse 🚣
Name of New Registered Agent:			5
New Registered Office Address:		(Florida street address)	<del></del>
		<b></b>	
	(City)	, Florida (Zip Code	[e]
	(City)	(zip con	·/
New Registered Agent's Signature, if changing Registers I hereby accept the appointment as registered agent. I am		ept the obligations of the posit	tion.
FEET ALL STATE OF THE STATE OF	Signature of New Re-	gistered 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>M</u>	hn Doe ike Jones lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	Rita Jeanne Thrasher	7 Royal Palm Way, #608 Boca Raton, FL 33432
Remove 2)	<u>D</u>	William H. Wakeman, III	306 E. Main Street, Suite 200 Lakeland, FL 33804
Remove 3) X Change Add Remove	<u>D</u>	Jennifer Zakin	225 NE Mizner Boulevard, Suite 488 Boca Raton, Florida 33432
4) Change Add			- <del>1</del>
Remove  5) Change Add			
Remove  6) Change Add			
Remove	re sadditions	l Articles, enter change(s) here:	
(attach additional shee			

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

was/were sufficient for approval.

Dated _	9/29/2022
Signature _	Ashley Perkins
h	By the chairman or vice chairman of the board, president or other officer-if directors nave not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Achlau Darkino
	Ashley Perkins
	(Typed or printed name of person signing)

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