

N94000005329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000253226030

10/28/13--01035--023 \*\*35.00

APPROVED  
AND  
FILED  
13 OCT 28 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
NOV 1 2013  
EXAMINER

**GOVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **SFC CHARITABLE FOUNDATION, INC.**

DOCUMENT NUMBER: **N94000005329**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**SHAR-ANN CALLAHAN**

(Name of Contact Person)

**ARNSTEIN & LEHR LLP**

(Firm/ Company)

**200 E LAS OLAS BLVD, STE 1700**

(Address)

**FORT LAUDERDALE, FL 33301**

(City/ State and Zip Code)

**scallahan@arnstein.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**SHAR-ANN CALLAHAN** at **954** **713-7635**

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |                                                     |                                                                        |                                                                                                     |                                                                                                                            |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

**SFC CHARITABLE FOUNDATION, INC.**

(Name of Corporation as currently filed with the Florida Dept. of State)

**N94000005329**

(Document Number of Corporation (if known))

APPROVED  
AND  
FILED

13 OCT 28 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

**N/A**

*The new*

*name 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.*

**B. Enter new principal office address, if applicable:**

**N/A**

*(Principal office address **MUST BE A STREET ADDRESS**)*

**C. Enter new mailing address, if applicable:**

**N/A**

*(Mailing address **MAY BE A POST OFFICE BOX**)*

**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:**

*Name of New Registered Agent:*

**N/A**

*(Florida street address)*

*New Registered Office Address:*

*(City)*

*, Florida*

*(Zip Code)*

**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.*

*Signature of New Registered Agent, if changing*



**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

N/A

APPROVED  
AND  
FILED

The date of each amendment(s) adoption: \_\_\_\_\_  
date this document was signed.

13 OCT 28 PM 1:38

Effective date if applicable: JULY 3, 2013

(no more than 90 days after amendment file date)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

10/21/13

Signature

[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)

IRWIN RENNERT

(Typed or printed name of person signing)

TREASURER

(Title of person signing)