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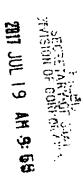
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TO: Amendment Section **Division of Corporations**

NAME OF CORPORATIO	BUDDY SNOW FO	UNDATION, INC	 		19
			-		
6 _ DOCUMENT NUMBER:	195000001294 			· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Ame	endment and fee are subm	nitted for filing.			;
Please return all corresponder	nce concerning this matte	r to the following:	:		
PEGGY GROGAN					
		(Name of Contact	t Person)		
BUDDY SNOW FOUNDAT	ION, INC.				
		(Firm/ Comp	any)		
1225 EAST TAYLOR ROAL	D				
		(Address))		
DELAND, FL 32724					
		(City/ State and Z	Lip Code)		
ACCT123@CFL.RR.COM					
E-	mail address: (to be used	for future annual	report notific	cation)	4 <u>44</u> -
For further information conce	rning this matter, please	call:			
PEGGY GROGAN			386	589-6313	
(Name of Contact Person))	at(Area Co	ode) (Daytime Te	lephone Number)
Enclosed is a check for the fo	llowing amount made page	yable to the Floric	da Departmer	nt of State:	
■ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	S43.75 Filing F Certified Copy (Additional copenclosed)	oy is C	552.50 Filing Fee Certificate of Status Certified Copy Additional Copy is Enclosed)	
Mailing Ac Amendmen Division of P.O. Box 6 Tallahassee	t Section Corporations 327		Street Addr Amendment Division of C Clifton Build 2661 Execut	Section Corporations	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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

MI UL 19 M. R. S.

BUDDY SNOW FOUNDATION, INC.

N95000001294			
(Docum	nent Numbe	er of Corporation (if known)
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	ida Statute:	s, this <i>Florida Not For Pre</i>	ofit Corporation adopts the following
A. If amending name, enter the new name of the	corporation	on:	
N/A			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorporated" or	the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applical	ble•	N/A	
(Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable:		C/O PEGGY GROGAN	
(Mailing address <u>MAY BE A POST OFFICE E</u>	<u>30.7</u>)	1731 771 4000 0000 00	
		1721 TIMBER EDGE DR	IIVE
		DELAND, FL 32724	
D. If amending the registered agent and/or regis			r the name of the
new registered agent and/or the new registere	ed office ac	<u>ldress:</u>	
Name of New Registered Agent:	N/A		
		(Florida	street address)
New Registered Office Address:		•	,
	N/A		m
		(City)	, Florida (Zip Code)
			(infr sour)
New Registered Agent's Signature, if changing R			
hereby accept the appointment as registered agent	. I am fan	tiliar with and accept the a	bligations of the position
_			
	Sig	gnature of New Registered	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>Mik</u>	<u>n Doe</u> <u>e Jones</u> <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DS	MICHAEL S. SNOW	1721 TIMBER EDGE DRIVE
Add			DELAND, FL 32724
X Remove			
2) Change	DVP	JAMES GROGAN	1721 TIMBER EDGE DRIVE
Add			DELAND, FL 32724
X Remove	DVP	LEOLA WYNN	1721 TIMBER EDGE DRIVE
3) X Change			DELAND, FL. 32724
Add Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no me	ore than 90 days after amendment file date)
Note: If the date inserted in this block does not redocument's effective date on the Department of S	neet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CHF	ECK ONE)
☐ The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of votes cast for the amendment(s)
There are no members or members entitled to adopted by the board of directors.	o vote on the amendment(s). The amendment(s) was/were
Dated 7/12/2017	
Signature	My
(By the chairman for vice to have not been selected, by other court appointed fide	hairman of the board president or other officer-if directors y an incorporator — if in the hands of a receiver, trustee, or
	icially by that fluidiary)
PEGGY GROGAN	
	(Typed or printed name of person signing)
PRESIDENT/FREAS	URER
	(Title of person signing)