## 1300000263

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
| ( Audioco)                              |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| <b>,</b> ,                              |
| (D.,                                    |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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JUL 1 6 2014 T. CARTER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO                          | RATION: SAAPA Ed                            | ucational Found  | ation, Inc  |  |  |
|--|---|--|---|--|--|
|  | BER: N1300000263                            |  |   |  |  |
|  | of Amendment and fee are su                 |  |   |  |  |
| Please return all corre                | spondence concerning this ma                | tter to the following:   |   |  |  |
|  | Jack Reilly                                 |  |   |  |  |
|  |   | Name of Contact Person   | 1   |  |  |
|  | <b>SAAPA Educatio</b>                       | nal Foundation,  | Inc   |  |  |
|  |   | Firm/ Company  |   |  |  |
|  | North FL Regional Airport 4796 US1N         |  |   |  |  |
|  |   | Address  |   |  |  |
|  | St. Augustine, FL                           | 32095  |   |  |  |
|  | <u>-</u>                                    | City/ State and Zip Code   | c   |  |  |
| iac                                    | k@dikally.com                               |  |   |  |  |
| jac                                    | k@dlkelly.com                               | sed for future annual report                                       | - A. C |  |  |
|  | E-man address. (to be di                    | sed for future annual report                                       | notification)   |  |  |
| For further information                | n concerning this matter, pleas             | se call:   |   |  |  |
| Jack Reilly                            |   | at ( 904   | , 699-9631  |  |  |
| Name                                   | of Contact Person                           |  | de & Daytime Telephone Number   |  |  |
| Enclosed is a check for                | or the following amount made                | payable to the Florida Depa  | artment of State:   |  |  |
| ■ \$35 Filing Fee                      | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  |  |  |
| Mailing Address                        |   | Street   | Address   |  |  |
| Amendment Section                      |   | Amendment Section  |   |  |  |
| Division of Corporations               |   | Division of Corporations   |   |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314 |   | Clifton Building 2661 Executive Center Circle                      |   |  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## SAAPA Educational Foundation, Inc.

14 JUH 27 PH 2: 44

| (Name of Corporation as currently   | filed with the Flor                        | ida Dept. of State)          |                    |                 |
|---|--|------------------------------|--------------------|-----------------|
| N13000002637  |  |                              |                    |                 |
| (Document Number  | of Corporation (if k                       | nown)                        |                    |                 |
| Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:  | ida Statutes, this <i>Fle</i>              | orida Profit Corporation add | opts the following | amendment(s) to |
| A. If amending name, enter the new name of the  | corporation:                               |                              |                    |                 |
|   |  |                              |                    | The new         |
| name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the containing of the containing the containing of the containing of the containing the containing of | rp," "Inc," or "Co                         | ". A professional corporat   |                    |                 |
| B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET AD</u>   |  |                              |                    |                 |
|   |  |                              |                    |                 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B  | <u>80X</u> )                               |                              |                    |                 |
| •   |  |                              |                    |                 |
| D. If amending the registered agent and/or regist<br>new registered agent and/or the new registered   |  | s in Florida, enter the name | e of the           |                 |
| Name of New Registered Agent  |  |                              |                    |                 |
| ·   | (Florida street                            | address)                     |                    |                 |
| New Registered Office Address:  |  | , Florida                    |                    |                 |
|   | (City)                                     |                              | (Zip Code)         |                 |
| New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent   | degistered Agent:<br>1. I am familiar with | n and accept the obligations | of the position.   |                 |
| Signature of 1  | New Registered Age                         | ent, 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          | <u>PT</u> | John Doe          |                        |
|----------------------------|-----------|-------------------|------------------------|
| X Remove                   | <u>v</u>  | Mike Jones        |                        |
| X Add                      | <u>sv</u> | Sally Smith       |                        |
| Type of Action (Check One) | Title     | Name              | <u>Addres</u> s        |
| 1) Change                  | VP        | Victor Martinelli | NE FL Regional Airport |
| Add                        |           |                   | 4796 US1 N             |
| Remove                     |           |                   | St Augustine, FL 32095 |
| 2) Change                  | Ď         | Wayne Ziskal      | NE FL Regional Airport |
| Add                        |           |                   | 4796 US1 N             |
| Remove                     |           |                   | St Augustine, FL 32095 |
| 3) Change                  | D         | Craig Fordem      | NE FL Regional Airport |
| Add                        |           |                   | 4796 US 1 N            |
| Remove                     |           |                   | St Augustine, FL 32095 |
| 4) Change                  | D         | Warren RauHofer   | NE FL Regional Airport |
| <b>✓</b> Add               |           |                   | 4796 US1 N             |
| Remove                     |           |                   | St Augustine, FL 32095 |
| 5) Change                  |           |                   |                        |
| Add                        |           |                   |                        |
| Remove                     |           |                   |                        |
| 6) Change                  |           |                   |                        |
| Add                        |           |                   |                        |
| Remove                     |           |                   |                        |

| (Attach additional sheets, if necessary). (Be specific)  |
|--|
| Article VIII   |
| Said organization is organized exclusively for charitable, religious, educational, and   |
| scientific purposes, including, for such purposes, the making of distributions to  |
| organizations that qualify as exempt organizations described under Section 501(c)(3)   |
| of the Internal Revenue Code, or corresponding section of any future federal tax code.   |
| Article IX   |
| Upon the dissolution of the organization, assets shall be distributed for one or more  |
| exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code   |
| or corresponding section of any future federal tax code, or shall be distributed to the  |
| federal government, or to a state or local government, for a public purpose.   |
| Any such assets not disposed of shall be disposed of by a court of competent   |
| jurisdiction in the county in which the principal office of the organization is then   |
| located, exclusively for such purposes or to such organization or organizations,   |
| as said Court may determine, which are organized and operated exclusively for such   |
| purposes.  |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  N/A |
|  |
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|  |

| The date of each amendment(s) adoption: June 18, 2014   | , if other than the |
|---|---------------------|
| date this document was signed.  |                     |
| Effective date if applicable:   |                     |
| (no more than 90 days after amendment file date   | )                   |
| Adoption of Amendment(s) (CHECK ONE)  |                     |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amby the shareholders was/were sufficient for approval.   | endment(s)          |
| The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment  |                     |
| "The number of votes cast for the amendment(s) was/were sufficient for approval   |                     |
| by'''   |                     |
| (voting group)  |                     |
| The amendment(s) was/were adopted by the board of directors without shareholder action and saction was not required.  | hareholder          |
| The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.  | holder              |
| Dated_June 18, 2014   |                     |
| Signature Roba 1. Ludlow  |                     |
| (By a director, president of other officer — if directors or officers have selected, by an incorporator — if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary) |                     |
| Reba J. Ludlow  |                     |
| (Typed of printed name of person signing)   |                     |
| President /   | 10.1                |