

**Form 424**  
**(Revised 05/11)**  
 Submit in duplicate to:  
 Secretary of State  
 P.O. Box 13697  
 Austin, TX 78711-3697  
 512 463-5555  
 FAX: 512/463-5709  
 Filing Fee: See instructions



**Certificate of Amendment**

This space reserved for office use.

**FILED**  
**In the Office of the**  
**Secretary of State of Texas**  
**AUG 10 2015**  
**Corporations Section**

**Entity Information**

The name of the filing entity is:

America's Huey 091 Foundation

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is a: (Select the appropriate entity type below.)

- |   |   |
|---|---|
| <input type="checkbox"/> For-profit Corporation           | <input type="checkbox"/> Professional Corporation               |
| <input checked="" type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Professional Limited Liability Company |
| <input type="checkbox"/> Cooperative Association          | <input type="checkbox"/> Professional Association               |
| <input type="checkbox"/> Limited Liability Company        | <input type="checkbox"/> Limited Partnership                    |

The file number issued to the filing entity by the secretary of state is: 800772901

The date of formation of the entity is: February 13, 2007

**Amendments**

**1. Amended Name**

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

Independence Corps, Foundation

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

**2. Amended Registered Agent/Registered Office**

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

Registered Agent

(Complete either A or B, but not both. Also complete C.)

A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

B. The registered agent is an individual resident of the state whose name is:

Gary	B	Lawson	
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>

The person executing this instrument affirms that the person designated as the new registered agent has consented to serve as registered agent.

C. The business address of the registered agent and the registered office address is:

2801 Network Boulevard Suite 600	Frisco	TX	75034
<i>Street Address (No P.O. Box)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

3. Other Added, Altered, or Deleted Provisions

Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format.

Text Area (The attached addendum, if any, is incorporated herein by reference.)

Add each of the following provisions to the certificate of formation. The identification or reference of the added provision and the full text are as follows:

The Independence Corps articles and or by-laws may provide for providing benefits to civilians to the extent of 20% of its annual expenditures, plus any amount where a specific bequest or gift so designates civilian beneficiaries.

Alter each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:

Delete each of the provisions identified below from the certificate of formation.

Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

**Effectiveness of Filing** (Select either A, B, or C.)

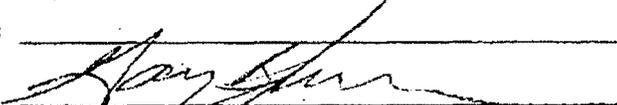
- A.  This document becomes effective when the document is filed by the secretary of state.
- B.  This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: \_\_\_\_\_
- C.  This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90<sup>th</sup> day after the date of signing is: \_\_\_\_\_

The following event or fact will cause the document to take effect in the manner described below:

**Execution**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: August 10, 2015

By: \_\_\_\_\_  
  
Signature of authorized person

Gary B. Lawson, President  
Printed or typed name of authorized person (see instructions)

7094559.1/SP/15555/0301/081015

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(Revised 05/11)**

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512 463-5555  
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**Certificate of Amendment**

**Entity Information**

The name of the filing entity is:

America's Huey 091 Foundation

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is a: (Select the appropriate entity type below.)

- |   |   |
|---|---|
| <input type="checkbox"/> For-profit Corporation           | <input type="checkbox"/> Professional Corporation               |
| <input checked="" type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Professional Limited Liability Company |
| <input type="checkbox"/> Cooperative Association          | <input type="checkbox"/> Professional Association               |
| <input type="checkbox"/> Limited Liability Company        | <input type="checkbox"/> Limited Partnership                    |

The file number issued to the filing entity by the secretary of state is: 800772901

The date of formation of the entity is: 02/13/2007

**Amendments**

**1. Amended Name**

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

Independence Corps, Foundation

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

**2. Amended Registered Agent/Registered Office**

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

Registered Agent  
(Complete either A or B, but not both. Also complete C.)

A. The registered agent is an organization (cannot be entity named above) by the name of:

**OR**

B. The registered agent is an individual resident of the state whose name is:

Gary	B.	Lawson	
<small>First Name</small>	<small>M.I.</small>	<small>Last Name</small>	<small>Suffix</small>

The person executing this instrument affirms that the person designated as the new registered agent has consented to serve as registered agent.

C. The business address of the registered agent and the registered office address is:

2801 Network Blvd., Suite 600	Frisco	TX	75034
<small>Street Address (No P.O. Box)</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

### 3. Other Added, Altered, or Deleted Provisions

Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format.

Text Area (The attached addendum, if any, is incorporated herein by reference.)

**Add** each of the following provisions to the certificate of formation. The identification or reference of the added provision and the full text are as follows:

The Independence Corps articles and or by-laws may provide for providing benefits to civilians to the extent of 20% of its annual expenditures, plus any amount where a specific bequest or gift so designates civilian beneficiaries.

**Alter** each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:

**Delete** each of the provisions identified below from the certificate of formation.

### Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the

Texas Business Organizations Code and by the governing documents of the entity.

**Effectiveness of Filing** (Select either A, B, or C.)

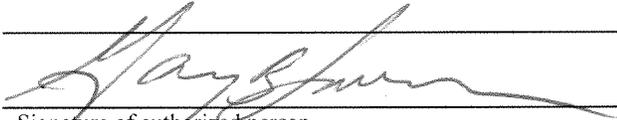
- A.  This document becomes effective when the document is filed by the secretary of state.
- B.  This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: \_\_\_\_\_
- C.  This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90<sup>th</sup> day after the date of signing is: \_\_\_\_\_

The following event or fact will cause the document to take effect in the manner described below:

**Execution**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: December 4, 2015

By: \_\_\_\_\_  
  
Signature of authorized person

Gary B. Lawson, President  
Printed or typed name of authorized person (see instructions)

**Form 503**  
**(Revised 09/13)**

Return in duplicate to:  
Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
512 463-5555  
FAX: 512 463-5709  
**Filing Fee: \$25**



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**Assumed Name Certificate**

**Assumed Name**

1. The assumed name under which the business or professional service is, or is to be, conducted or rendered is: Independence Corps

**Entity Information**

2. The legal name of the entity filing the assumed name is:

Independence Corps, Foundation

*State the name of the entity as currently shown in the records of the secretary of state or on its organizational documents, if not filed with the secretary of state.*

3. The entity filing the assumed name is a: (Select the appropriate entity type below.)

- |   |  |
|---|--|
| <input type="checkbox"/> For-profit Corporation           | <input type="checkbox"/> Limited Liability Company     |
| <input checked="" type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Partnership           |
| <input type="checkbox"/> Professional Corporation         | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Professional Association         | <input type="checkbox"/> Cooperative Association       |
| <input type="checkbox"/> Other                            |  |

*Specify type of entity. For example, foreign real estate investment trust, state bank, insurance company, etc.*

4. The file number, if any, issued to the entity by the secretary of state is: 800772901

5. The state, country, or other jurisdiction of formation of the entity is: Texas

6. The entity's principal office address is:

2801 Network Blvd., Suite 600

*Street or Mailing Address*

Frisco

TX

USA

75034

*City*

*State*

*Country*

*Postal or Zip Code*

**Period of Duration**

7a. The period during which the assumed name will be used is 10 years from the date of filing with the secretary of state.

**OR**

7b. The period during which the assumed name will be used is \_\_\_\_\_ years from the date of filing with the secretary of state (not to exceed 10 years).

**OR**

7c. The assumed name will be used until \_\_\_\_\_ (not to exceed 10 years).

*mm/dd/yyyy*

### County or Counties in which Assumed Name Used

8. The county or counties where business or professional services are being or are to be conducted or rendered under the assumed name are:

All counties

All counties with the exception of the following counties: \_\_\_\_\_

Only the following counties: \_\_\_\_\_

### Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and also certifies that the person is authorized to sign on behalf of the identified entity. If the undersigned is acting in the capacity of an attorney in fact for the entity, the undersigned certifies that the entity has duly authorized the undersigned in writing to execute this document.

Date: December 4, 2015



**Gary B. Lawson, President**

Signature of a person authorized by law to sign on behalf of the identified entity (see instructions)



## Office of the Secretary of State

### CERTIFICATE OF FILING OF

Independence Corps, Foundation

File Number: 800772901

Assumed Name:

Independence Corps

The undersigned, as Secretary of State of Texas, hereby certifies that the assumed name certificate for the above named entity has been received in this office and filed as provided by law on the date shown below.

ACCORDINGLY the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law hereby issues this Certificate of Filing.

Dated: 12/10/2015

Effective: 12/10/2015



A handwritten signature in black ink, appearing to read "Cascos" followed by a horizontal line.

Carlos H. Cascos  
Secretary of State

**Form 503**  
**(Revised 09/13)**

Return in duplicate to:  
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Austin, TX 78711-3697  
512 463-5555  
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**Filing Fee: \$25**



**Assumed Name Certificate**

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**FILED**  
In the Office of the  
Secretary of State of Texas  
DEC 10 2015  
**Corporations Section**

**Assumed Name**

1. The assumed name under which the business or professional service is, or is to be, conducted or rendered is: Independence Corps

**Entity Information**

2. The legal name of the entity filing the assumed name is:

Independence Corps, Foundation

*State the name of the entity as currently shown in the records of the secretary of state or on its organizational documents, if not filed with the secretary of state.*

3. The entity filing the assumed name is a: (Select the appropriate entity type below.)

- |   |  |
|---|--|
| <input type="checkbox"/> For-profit Corporation           | <input type="checkbox"/> Limited Liability Company     |
| <input checked="" type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Partnership           |
| <input type="checkbox"/> Professional Corporation         | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Professional Association         | <input type="checkbox"/> Cooperative Association       |
| <input type="checkbox"/> Other _____                      |  |

*Specify type of entity. For example, foreign real estate investment trust, state bank, insurance company, etc.*

4. The file number, if any, issued to the entity by the secretary of state is: 800772901

5. The state, country, or other jurisdiction of formation of the entity is: Texas

6. The entity's principal office address is:

2801 Network Blvd., Suite 600

*Street or Mailing Address*

<u>Frisco</u>	<u>TX</u>	<u>USA</u>	<u>75034</u>
<i>City</i>	<i>State</i>	<i>Country</i>	<i>Postal or Zip Code</i>

**Period of Duration**

7a. The period during which the assumed name will be used is 10 years from the date of filing with the secretary of state.

**OR**

7b. The period during which the assumed name will be used is \_\_\_\_\_ years from the date of filing with the secretary of state (not to exceed 10 years).

**OR**

7c. The assumed name will be used until \_\_\_\_\_ (not to exceed 10 years).

*mm/dd/yyyy*

**County or Counties in which Assumed Name Used**

8. The county or counties where business or professional services are being or are to be conducted or rendered under the assumed name are:

All counties

All counties with the exception of the following counties: \_\_\_\_\_

Only the following counties: \_\_\_\_\_

**Execution**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and also certifies that the person is authorized to sign on behalf of the identified entity. If the undersigned is acting in the capacity of an attorney in fact for the entity, the undersigned certifies that the entity has duly authorized the undersigned in writing to execute this document.

Date: December 4, 2015

  
\_\_\_\_\_

**Gary B. Lawson, President**

Signature of a person authorized by law to sign on behalf of the identified entity (see instructions)