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COVER LETTER

TO: Amendment Section Division of Corporations

PANAMA CANAL S NAME OF CORPORATION:	SOCIETY, INC		
711813 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-			
Please return all correspondence concerning this matter	er to the following:		
KATHRYNE MALIN			
	(Name of Contact Per	son)	
PANAMA CANAL SOCIETY, INC.			
	(Firm/ Company)	- - ·	
19001 SUNLAKE BLVD			
	(Address)		
LUTZ. FL 33558			
	(City/ State and Zip C	ode)	
OFFICE@PANCANALSOCIETY.ORG			
E-mail address: (to be used	for future annual repo	ort notification	1)
For further information concerning this matter, please	call:		
KATHY MALIN		813	949-6699
(Name of Contact Person) at _		(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida D	epartment of	State:
■ \$35 Filing Fee	_	Certif Certif	0 Filing Fee icate of Status icd Copy tional Copy is osed)
Mailing Address		et Address	
Amendment Section Division of Corporations		endment Secti ision of Corne	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PANAMA CANAL SOCIETY, INC

(Name of Corporation a	as currently filed with the Flori	da Dept. of State)
711813		
(Docume	ent Number of Corporation (if kn	own)
ursuant to the provisions of section 617.1006, Flori- mendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
. If amending name, enter the new name of the	corporation:	
ume must be distinguishable and contain the word Company" or "Co." may not be used in the name.		The new " or the abbreviation "Corp." or "Inc."
. Enter new principal office address, if applicab Principal office address <u>MUST BE A STREET AD</u>		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>)	
. If amending the registered agent and/or regist new registered agent and/or the new registered		enter the name of the
		_
new registered agent and/or the new registered	d office address:	_
new registered agent and/or the new registered Name of New Registered Agent:	d office address:	rida strvet address) , Florida
new registered agent and/or the new registered Name of New Registered Agent: New Registered Office Address:	d office address: (Flo	rida strvet addressi
new registered agent and/or the new registered Name of New Registered Agent:	d office address: (Flo (City) egistered Agent:	rida street address), Florida(Zip Code)
new registered agent and/or the new registered Name of New Registered Agent: New Registered Office Address:	d office address: (Flo (City) egistered Agent:	rida street address), Florida(Zip Code)
new registered agent and/or the new registered Name of New Registered Agent: New Registered Office Address:	d office address: (Flo (City) egistered Agent:	rida street address), Florida (Zip Code) he obligations of the position.

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	\underline{V} \underline{M}	ohn Doe like Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X Change	P	SHIRLEY AVERY BENTLEY	2301 S HALE AVE
Add			TAMPA, FL 33629
Remove			
2) Change	<u>v</u>	T. RICHARD GRIMISON	1275 ISLAND DR
X Add			MERRITT ISLAND, FL 32952
Remove			
3) Change	P ———	MICHAEL D. COFFEY	1107 WYNDHAM LAKES DR
Add			ODESSA, FL 33556
X Remove			
4) Change			
Add			
Remove			
5) Change			·
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or ad</u> (a <i>ttach additional si</i>	ding additional Artheets, if necessary).	ticles, enter ch (Be specific	iange(s) hero)	<u>e</u> :			
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Γhe	date of each amendment(s) adop	06/29/2018 tion:	, if other than the
iate	this document was signed.		
eff	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this block ument's effective date on the Depar	does not meet the applicable statutory filing requirements, this date will netment of State's records.	ot be listed as the
۸d۰	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)	
	There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated 08/22/2018		
	Signature Jobb	on (d) lake	
	(B) the chairma have not been	in or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
	KATHRYN	E A. MALIN	
		(Typed or printed name of person signing)	
	OFFICE M	ANAGER	
		(Title of person signing)	