711813

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	PANAMA CANAL	SOCIETY, INC			
	711813				
DOCUMENT NUMBER:					
The enclosed Articles of An	nendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this mat	ter to the following:			
KATHRYNE A MALIN					
,		(Name of Contact Pers	son)		
PANAMA CANAL SOCIE	TY, INC				
		(Firm/ Company)	·-		
15131 OGDEN LOOP					
		(Address)			
ODESSA, FL 33556					
		(City/ State and Zip Co	ode)		
OFFICE@PANCANALSO	CIETY.ORG				
Ţ	-mail address: (to be use	d for future annual repo	rt notification	1)	
For further information con-	cerning this matter, please	e call:			
KATHRYNE MALIN		at	813	949-6699	
	(Name of Contact Persor			(Daytime Telephone Number)	_
Enclosed is a check for the	following amount made p	ayable to the Florida D	epartment of	State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	D Filing Fee icate of Status icd Copy is ional Copy is used)	
Mailing /	Address out Section		et Address	ion	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to

EAGNAGOIAG CAGNAGE, SCACHELLE IE	ANAL SOCIETY, INC	CANAL	ANAMA	PΑ
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		es of Amendment to s of Incorporation of	2024 OCT 22 PM 4:5
PANAMA CANAL SOCIETY, INC			1 22 PM,
Name of Corporation as currently filed with the	ne Florida l	Dept. of State)	4:5
711813			TESSIATE
(Docu	ment Numb	per of Corporation (if known) थीर
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statut	es, this <i>Florida Not For Pre</i>	ofit Corporation adopts the following
A. If amending name, enter the new name of th	he corporat	tion:	
N/A			The nev
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam B. Enter new principal office address, if applic (Principal office address MUST BE A STREET) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or reg	ne. able: ADDRESS	N/A N/A	
new registered agent and/or the new registe	red office a	iddress:	_ ,
Name of New Registered Agent:	N/A		
	-	(Florida	street address)
New Registered Office Address	=		
	N/A		, Florida
		(City)	

Signature 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Namc</u>	<u>Addres</u> s
1) × Change Add	<u>P</u>	CARL A ORVIS	6409 HUNT RD PORT SAINT JOHN, FL 32927
Remove 2) Change × Add	T	JAMES PARTHENAIS	1346 17TH AVE N ST PETERSBURG, FL 33704
Remove 3) Change Add Remove	P	WILLIAM McLAUGHLIN	9090 S WATERVIEW DR FLORAL CITY, FL 34436
4) Change Add	V	LAURA KOSIK	5180 88TH AVE N PINELLAS PARK, FL 33782
 X Remove 5) Change X Add Remove 	V	MICHAEL S YOUNG	38714 PIEDMONT AVE ZEPHYRHILLS, FL 33540
6) Change Add			
		onal Articles, enter change(s) here: essary). (Be specific)	

		
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		<u></u>
		
		-
The date of each amendment(s) adoption date this document was signed.	otion: AUGUST 3, 2024	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing requirements, this date will not rement of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop was/were sufficient for approval.	oted by the members and the number of votes cast for the amendment(s)	

here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.
OCTOBER 17, 2024 Dated
Signature Lathryne a Mali
(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)
KATHRYNE A MALIN
(Typed or printed name of person signing)
OFFICE MANAGER
(Title of person signing)