## N03000006974

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** Parkinson Association of Greater Daytona Beach Inc NAME OF CORPORATION: \_ N03000006974 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ken Sipes (Name of Contact Person) (Firm/ Company) 355 Applegate Lndg (Address) Ormond Beach FL 32174 (City/ State and Zip Code) ksipes77@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ken Sipes 673-7589 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State:

■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee &

Certificate of Status Certified Copy

> (Additional copy is enclosed)

Certified Copy (Additional Copy is Enclosed)

□\$52.50 Filing Fee

Certificate of Status

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

**Street Address** 

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** Articles of Incorporation

Parkinson Association of Greater Daytona Beach Inc		
(Name of Corporation as currently filed with the Florid N03000006974	a Dept. of State)	
	mber of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Staramendment(s) to its Articles of Incorporation:	•	,
A. If amending name, enter the new name of the corpo	ration:	
		The ne
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporat	ed" or the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES		NJ eth
ir incipal office address miost be A STREET ADDRES	<u> </u>	22
		A.P.R
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P 7
		Ę.
D. If amending the registered agent and/or registered o		a, enter the name of the
new registered agent and/or the new registered offic	e address:	
Name of New Registered Agent:		
New Registered Office Address:	(	Florida street address)
New Negasierea Office rauress.		
	(City)	Florida (Zip Code)
	(ciù)	(zq) Chae)
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am		ot the obligations of the position.
	Signature of New Regis	stered 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	PT John Doe V Mike Jones SV Sally Smith			
Type of Action (Check One)	Title	Name	Address	
1) × Change Add	<u>D</u>	Atanasoski, Christina	134 River Bluff Dr Ormond Beach FL 32174	
Remove				
2) Change Add	<del></del>			
Remove 3 ) Remove Add Remove				
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
E. If amending or adding (attach additional sheet)		icles, enter change(s) here: (Be specific)		
		<del> </del>		

		<del></del>
	A	<del></del>
		<del></del>
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The date of each amendment(s) adoption	n;	, if other than the
date this document was signed.		
Effective date if applicable:		
Effective date it applicable.	(no more than 90 days after amendment file date)	
	es not meet the applicable statutory filing requirements, this date will not b	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	April 8, 2020 Dated
	Signature Signature
	(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)
	Ken Sipes
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)