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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

JUL 06 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SEA BASE ALUMNI & FRIENDS ASSOC., INC.

DOCUMENT NUMBER: NO4000011949

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NANCY WELLS

(Name of Contact Person)

SEA BASE ALUMNI & FRIENDS ASSOC., INC.

(Firm/ Company)

P.O. BOX 1906

(Address)

ISLAMORADA, FLORIDA 33036

(City/ State and Zip Code)

nancy.wells@scating.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NANCY WELLS

(Name of Contact Person)

at (305) 664-4173

(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 & 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
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2018

NANCY WELLS
SEA BASE ALUMNI & FRIENDS
P.O. BOX 1906
ISLAMORADA, FL 33036

SUBJECT: SEA BASE ALUMNI & FRIENDS ASSOCIATION, INC.
Ref. Number: N04000011949

We have received your document for SEA BASE ALUMNI & FRIENDS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✓ The current name of the entity is as referenced above. Please correct your document accordingly.
- ✓ The date of adoption of each amendment must be included in the document.
- ✓ Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).
- ✓ The document must have original signatures.
- ✓ The name and title of the person signing the document must be noted beneath or opposite the signature.
- ✓ Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 918A0001243

RECEIVED
18 JUL - 2 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailed 6/29/2018 CSpend

Articles of Amendment
to
Articles of Incorporation
of

SEA BASE ALUMNI & FRIENDS ASSOCIATION, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N 04000011949

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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2018 JUL -2 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: NANCY WELLS
40 HIGH POINT ROAD, PLANTATION KEY, FL
(Florida street address) 33070

New Registered Office Address:
PLANTATION KEY Florida 33070
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Nancy Wells
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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DPC</u>	<u>DOSSER, JAMES B.</u>	<u>1719 POWER BRANCH RD.</u> <u>JOHNSON CITY, TN.</u> <u>37601</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DS</u>	<u>GILL, DAN C.</u>	<u>1017 GALENA DR.</u> <u>VOLO, IL.</u> <u>60073</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DVC</u>	<u>TURBIN, ROGER DR.</u>	<u>316 BEAUFORT AVE.</u> <u>LIVINGSTON, N.J.</u> <u>07039</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>KEEN, AMY L.</u>	<u>360 NUECES #3904</u> <u>AUSTIN, TX.</u> <u>78701</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>WELLS, NANCY</u>	<u>40 HIGH POINT RD.</u> <u>PLANTATION KEY, FL.</u> <u>33070</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>CHRISTENE SPEED</u>	<u>11641 INDIAN HILL RD.</u> <u>AMARILLO, TX.</u> <u>79124</u>

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>JOE GREIN</u>	<u>2717 LOBELIA DR.</u> <u>LAKE MARY, FL.</u> <u>32746</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>JORDAN CONERTY</u>	<u>501 WESTERN HILLS DR.</u> <u>MAHOMET, IL.</u> <u>61853</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>SUZANNE TIERNAN</u>	<u>5475 HARRIS DR ^{CREEK} DR.</u> <u>CUMMINGS, GA.</u> <u>30040</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>MATT REINECK</u>	<u>73800 OVERSEAS HWY.</u> <u>ISLAMORADA, FL.</u> <u>33036</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

The date of each amendment(s) adoption: FEBRUARY 1ST, 2018 if other than the date this document was signed.

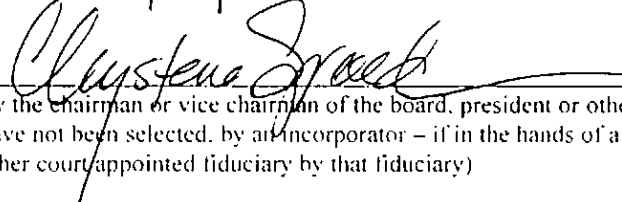
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 06/29/2018

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)

CHRISTENE SPEED
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)