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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Amendice (10/13/10

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: EXCELSIOR AL	UMNI ASSO	CIATION	OF FLORIDA IN
DOCUMENT NU	JMBER: N9600005376			
The enclosed Artic	cles of Amendment and fee are submi	tted for filing.		
Please return all co	orrespondence concerning this matter	to the following:		
		ROBINSON		
	(Name of Co	ontact Person)		
_	(Firm/ C	Company)		
	1991 SW 9	4 TERRACE		
	(Add	lress)		
		R, FL 33025	<u> </u>	
	(City/ State a	ind Zip Code)		
	XLCRFLORID E-mail address: (to be used for	A@AOL.COM or future annual rep	ort notification	n)
For further inform	ation concerning this matter, please ca	all:		
ALTHEA ROBI	NSON	_at (954)	914-0811	Telephone Number)
(Na	me of Contact Person)	(Area Cod	e & Daytime	Telephone Number)
Enclosed is a chec	k for the following amount made paya	able to the Florida I	Department of	State:
□\$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	☑ \$43.75 Filing F Certified Copy (Additional copy enclosed)		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.G	ailing Address nendment Section vision of Corporations O. Box 6327 Ilahassee, FL 32314	Clifton Bu	nt Section f Corporations	ŕ

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

EXCELSIOR ALUMNI ASSOCIATION OF FLORIDA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N96000005376

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Floring the following amendment(s) to its Articles of Inco		, this <i>Florida Not For Pro</i>	<i>fit Corporation</i> ad
A. If amending name, enter the new name of the	<u>ie corporatio</u>	<u>n:</u>	
The new name must be distinguishable and contabbreviation "Corp." or "Inc." "Company" or "			porated" or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1991 SW 94 TERRACE	
		MIRAMAR, FL 33025	
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		1991 SW 94 TERRACE	
		MIRAMAR, FL 33025	5
			
D. <u>If amending the registered agent and/or reg</u> new registered agent and/or the new registe			r the name of the
**		EA ROBINSON	
Name of New Registered Agent:			
		N 94 TERRACE	
New Registered Office Address:	(Florida street address)		
<u> </u>	MIRAMAR , Florida 33025		
		(City)	(Zip Code)
New Registered Agent's Signature, if changing	Registered A	gent:	

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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>P</u>	CORNELD, LINDO	1221 SW 84TH TERRACE PEMBROKE PINES, FL 33025	☐ Add ☑ Remove
<u>VP</u>	ROBINSON, ALTHEA	1991 SW 94 TERRACE MIRAMAR, FL 33025	. □ Add ☑ Remove
<u>D</u>	AITCHESON, MICHAEL	131 SAN REMO BLVD NORTH LAUDERDALE FL 33068	☐ Add ☐ Remove
E. If ame (attach	ending or adding additional Articles, ento a additional sheets, if necessary). (Be spe		
			_



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)

<u>Title</u> <u>Name</u> <u>Address</u> Type of Action D HOWE, OWEN 3390 FOXCROFT ROAD _ 🔲 Add ☑ Remove APT#111 MIRAMAR, FL 33025 ROBINSON, ALTHEA 1991 SW 94 TERRACE __ 🛛 Add MIRAMAR, FL 33025 ☐ Remove VP. HOWE, OWEN ☐ Remove MIRAMAR, FL 33025 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)



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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
D	BYFIELD, DEBRA	9675 NW 26 PLACE	
		VILLA 5	☐ Remove
		SUNRISE, FL 33322	
D	FIDLER, MAUREEN	11440 SW 18 COURT	
	-	MIRAMAR, FL 33029	Remove
			Remove
	nding or adding additional Articles, additional sheets, if necessary). (Be		
-			
		,	
			·

The date of each amendment(s)	adoption: 10/5/2010
, , ,	(date of adoption is required)
Effective date <u>if applicable</u> :	
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s)
There are no members or mem adopted by the board of directors	abers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated 10/5/10	DCKoluson.
Signature	Millison
have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, of burt appointed fiduciary by that fiduciary)
_	ALTHEA ROBINSON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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