## N15000001063

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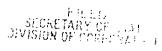
DEC 1 2016 C LEWIS

## **COVER LETTER**

TO: Amendment Section Division of Corporations	·		
NAME OF CORPORATION:	SR FFA ALUMNI & I	PARTNERS IN	С
DOCUMENT NUMBER: N15000001063			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this man	tter to the following:		
FREDERICK AHRENS OR MELISSA ALDERMA	AN		
	(Name of Contact F	Person)	
BROOKSVILLE SR FFA ALUMNI & PARTNER	S INC		•
	(Firm/ Compan	ıy)	
14391 SPRING HILL DRIVE, SUITE 172			
<del></del>	(Address)		
SPRING HILL, FL 34609			
	(City/ State and Zip	Code)	
bsffaalumni@gmail.com			
E-mail address: (to be us	ed for future annual re	port notification	1)
For further information concerning this matter, pleas	se call:		
MELISSA ALDERMAN	а	352	238-2099
(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 S43.75 Filing Fee See Certificate of Status		Certifi is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	A D C	treet Address mendment Sect bivision of Corpe lifton Building 661 Executive C	orations

Tallahassee, FL 32301

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



10: 05

	of	2016 NOV 29 AI
BROOKSVILLE SR FFA ALUMNI & PARTNERS INC		tom MOA 52 W
(Name of Corporation as current	tly filed with the Florida Dep	t. of State)
N15000001063		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit</i> (	Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the	abbreviation "Corp." or "Inc."
	14391 SPRING HILL DRIVE	E, SUITE 172
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SPRING HILL, FL 34609	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14391 SPRING HILL DRIVE	E, SUITE 172
	SPRING HILL, FL 34609	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		e name of the
Name of New Registered Agent:	<del></del>	
	I SPRING HILL DRIVE, SUITE 172	
- 1717	(Florida street address)	
New Registered Office Address:		
SPRING 1	HILL 	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		gations of the position.
Si	ignature of New Registered Ago	ent, 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	V Mik	Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PRESID	BOYETT-CANNON, DENISE	PO BOX 1929
Add X Remove			BROOKSVILLE, FL 34601
2) Change	PRESID	ALDERMAN, MELISSA	14391 SPRING HILL DRIVE, SUI
X Add			SPRING HILL, FL 34609
Remove 3 ) Change	<u>VP</u>	BEYER, REBECCA	PO BOX 1929
Add			BROOKSVILLE, FL 34601
Remove 4) Change	VP	HOLCOMB, REBECCA	14931 SPRING HILL DRIVE, SUI
X Add			SPRING HILL, FL 34609
Remove			
5) Change	SEC	NORRIS, AMY	PO BOX 1929
Add X Remove			BROOKSVILLE, FL 34601
	SEC	COLE, KYRA	14931 SPRING HILL DRIVE, SUI
6) Change X Add			SPRING HILL, FL 34609
Remove			

E. If amehding or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
REMOVE - TREASURER - DODSON, JENNY ADDRESS: PO BOX 1929, BROOKSVILLE, FL 34601  ADD - TREASURER - WAYNE GRAYDON ADDRESS: 14391 SPRING HILL DRIVE, SUITE 172,		
FORMAL REQUEST TO CHANGE CURRENT PRINCIPAL ADDRESS, CURRENT MAILING ADDRESS AN	۸D	
TO REPLACE ALL PRIOR OFFICER/DIRECTOR DETAIL.		
REMOVING THE FOLLOWING INDIVIDUALS:		
DENISE BOYETT-CANNON (PRESIDENT)		
REBECCA BEYER (VICE PRESIDENT)		
AMY NORRIS (SECRETARY)		
JENNY DODSON (TREASURER)		
REPLACING WITH:		
MELISSA ALDERMAN (PRESIDENT)		
REBECCA HOLCOMB (VICE PRESIDENT)		
KYRA COLE (SECRETARY)		
WAYNE GRAYDON (TREASURER)		
UPDATING ALL ADDRESSES WITH: 14391 SPRING HILL DRIVE, SUITE 172, SPRING HILL, FL 34609		

The	date of each amendmen	OCTOBER 11, 2016	if other than the
	this document was signed		DIVISION OF COOL STAN
_		OCTOBER 11, 2016	2016 NOV 29 AN IO. OS
		(no more than 90 days after amendment file date)	
		nis block does not meet the applicable statutory filing requirements, he Department of State's records.	this date will not be listed as the
Ada	option of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/w was/were sufficient for a	vere adopted by the members and the number of votes cast for the anoproval.	nendment(s)
	There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) directors.	was/were
	Dated NOV	EMBER 18, 2016	
	Signature <u></u>	MissAlderman	
	have	e chairman of vice chairman of the board, president or other officer- not been selected, by an incorporator – if in the hands of a receiver, a court appointed fiduciary by that fiduciary)	
	М	ELISSA ALDERMAN	
		(Typed or printed name of person signing)	
	PF	ESIDENT	
	<del></del>	(Title of person signing)	