N17000008335

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CRETARY OF STATE

2018 NOV 13 PM 2: 16 SECRETARY DE STATE

NOV 1 5 2018

D CONNELL



September 14, 2018

MARJORIES K. BROWN SEMINOLE HIGH SCHOOL / ORCHESTRA 2701 RIDGEWOOD AVE. SANFORD, FL 32773

SUBJECT: SEMINOLE HIGH SCHOOL ORCHESTRA PARENT ASSOCIATION,

INC.

Ref. Number: N17000008335

We have received your document for SEMINOLE HIGH SCHOOL ORCHESTRA PARENT ASSOCIATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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.

Darlene Connell
Regulatory Specialist II Supervisor

RECEIVED

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SECRETARY OF STATE

TALLAHASSEE, FI

Letter Number: 318A00019229

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Seminale High School Orchestra Pavent Associatio	Λ,
DOCUMENT NUMBER: N 170000 8335	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Marjor 18 Brown (Name of Contact Person)	
Saninok High School Orchestro Parent Association, Inc. (Firm/Company)	
1952 Kiraling Ct. (Address)	
Casselberry, FL 32767 (City/ State and Zip Code)	
Marjerie brown OCFI · Cr · Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Majoric Brown at 401-341-0268 (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: 4 Presse See Coll)	
S35 Filing Fee S43.75 Filing Fee Fee S43.75 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	
Mailing Address Amendment Section Amendment Section	

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

Amendment Section
Division of Corporations
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

T M O

Articles of Amendment to Articles of Incorporation of

Semipole High School Crine	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
N 1700000 8335	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
	St. 20
name must be distinguishable and contain the word "corporate	in " or "incorporated" or the abbrariation "Court for "la
"Company" or "Co." may not be used in the name.	A. V
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	me 👱
	- m o
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	_
D. If amending the registered agent and/or registered offic	
new registered agent and/or the new registered office ac	
Name of Name Burlet and County	1 (7)
Name of New Registered Agent:	
, ,ı ~ W	
	(Florida street address)
New Registered Office Address:	
	Florida
	(City) (Zip Code)
	(Mp Said)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fan	uiliar with and accept the obligations of the position.
	-
	gnature of New Registered Agent, if changing
SI,	gnature of their negotiered regent, if entiringing

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 <math>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 I V Mike SV Sally	Jones -	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	VP	hobert o'Brien	562 Margus Wood Un. Deland, FL 32724
2) Change Add	UP	David S. Burwell	206 wild Creek Ct. Longwerd FL 32779
Remove 3)ChangeAddRemove			
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add Remove			

. . . .

The date of each amendment(s) adoption:date this document was signed.	october 1,2018	, if other than the
Effective date <u>if applicable</u> :	October 1,2018	
(no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department o	of meet the applicable statutory filing requirements, this d f State's records.	late will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
The amendment(s) was/were adopted by the was/were sufficient for approval.	he members and the number of votes east for the amendr	nent(s)
There are no members or members entitle adopted by the board of directors.	d to vote on the amendment(s). The amendment(s) was/	were
Dated	<u>18</u>	
Signature Mayor	elou	
have not been selected	te chairman of the board, president or other officer-if dired. by an incorporator — if in the hands of a receiver, truste fiduciary by that fiduciary)	
Marjoni	(Typed or printed name of person signing)	<u></u>
Presia	ont .	
	(Title of person signing)	