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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	FLORIDA COUN ION:	CIL OF DELIBERAT	TON, AASR (OF FREEMASONRY, PHA
DOCUMENT NUMBER		298		
The enclosed Articles of A.	<i>mendment</i> and fee are su	bmitted for filing.	·	
Please return all correspond	dence concerning this ma	tter to the following:		
		BL RICHARDS	ON	
		(Name of Contact Po	erson)	
	BL R	CHARDSON & ASS	SOCIATE 1 LI	LC
		(Firm/ Company	y)	-
	1	3800 S. MAGNOLIA	AVENUE	
		(Address)	·	
		OCALA, FLORIDA	34473	
		(City/ State and Zip	Code)	
	E-mail address: (to be use	•	port notification	n)
for further information con	cerning this matter, pleas	e call:		
	BL RICHARDSON	at	352-	875-6728
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida I	Department of	State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing /	Address		eet Address	•••

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FLORIDA COUNCIL OF DELIBERATION, AASR OF FREEMASONRY, PHA

(Name of Corporation as currently filed with the Florida.				
	99298			
(Document Nu	imber of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Stramendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Co	prparation adopts the following		
A. If amending name, enter the new name of the corpo	oration:			
	N/A	The new		
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the al			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	N'A			
Trincipal typice dainess <u>brost bis A STREET 2022AL</u>				
C. Enter new mailing address, if applicable:	N/A			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	IN/A			
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office		name of the		
Name of New Registered Agent:	RODNEY COLE)EN		
tune ly their registered light.	35519 MICRO RACETRACK ROAD			
New Registered Office Address:	(Florida street ac	(klress)		
······································	FRUITLAND PARK	34430 . Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am		ions of the position.		
	Adrey Cola	19 Changing 101		
	Signature of New Registered Agent,	if changing Equipment 2		

Page 1 of 4

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 Dr V Mike Je SV Sally S	<u>ones</u>	
Type of Action (Check Onc)	<u>Title</u>	<u>Name</u>	Address
1) Change Add		MITCHELL, SOLLIE	4009 GILLIS LEE DR JACKSONVILLE, FL 32209
	т	HALL, LORENZO	29 WEST 6TH STREET JACKSONVILLE, FL. 32206
X Remove 3) Change Add X Remove	т	BAKER, YVETTE	29 WEST 6TH STREET JACKSONVILLE, FL. 32206
4) Change Add	T	COX, JUAN	3450 CORRINGTON WAY TALLAHASSEE. FL 32317
X Remove 5) Change Add		THOMAS, ROBERT M. DR	PO BOX 1368 OCKLAWAHA, FL 32183
Remove 6) Change Add			
E. If amending or additional sheet		Page 2 of 4 icles, enter change(s) here: (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)

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	<u>V</u> <u>Mike</u>	<u>Doe</u> e Jones e Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change Add	<u> </u>	STAFFORD, ANTHONY T.	PO BOX 212885 ROYAL PALM BEACH, FL 33421
Remove 2) Change X Add	V/D_	TERRELL, CHRIS	3308 S SEMORAN BLVD, APT # 5 ORLANDO, FL. 32822
Remove	<u> </u>	COLDEN, RODNEY	35519 MICRO RACETRACK ROAD FRUITLAND PARK, FL. 34430
4) Change X Add	S/D	SANTOS, JOSE	914 GIRARD DR. ORLANDO, FL 32824
Remove 5) Change Add Remove			
6) Change Add Remove			
	<u>ding additional A</u>	age 2 Continuation Page 2 of 4 crticles, enter change(s) here: (Be specific)	

•	
	
-	
	
	Page 3 of 4
The date of each amendment(s) ac date this document was signed.	loption:, if other than the
Effective date <u>if applicable</u> :	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ad was/were sufficient for approva	opted 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.
Dated 13-30-3.019 Simular Malan
Signature
RODNEY COLDEN
(Typed or printed name of person signing)
DIRECTOR

(Title of person signing)