700884

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SEP 1.8 2018

COVER LETTER

TO: Amendment Section Division of Corporations

rea Chamber of Commerce ames NAME OF CORPORATION: <u> 20 S</u> DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

(Name of Contact Person) (Ea Chamber (Firm/Company) J DUNERCE (Address) Ì 35 33844 (City/ State and Zip Code) E-mail address: (To be used for ruture annual report notification) ana.s

For further information concerning this matter, please call:

stripline ina (Name of Contagt Person) (Daytime Telephone Number) (Area Code)

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee \$\$35 Filing Fee \$\$35 Filing Fee \$\$\$43.75 Filing Fee \$\$Certificate of Status (Additional copy is enclosed)

S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building

Articles of Amendment				
to				
Articles of Incorporation				
Haines City Area Chamber of Commerce, INIC.				
(Name of Corporation as currently filed with the Florida Dept. of State)				
7088 700884				

(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:

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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. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)

C. Enter new mailing address, if applicable:						
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)						
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 a	address:					
Name of New Registered Agent:	Lana Stripling					
356	210 US Hwy 27					
New Registered Office Address:	(Florida strect address)					
Hair	nes City Florida_33844					
	(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.						
	TRA					
	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)

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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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	PT Y SV	<u>John Doe</u> <u>Mike Jones</u> <u>Sally Smith</u>	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change Add Remove	<u></u>		
2) Change Add			
Remove 3) Change Add	.		
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove		Page 2 of 4	

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E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

____ _____ _ ____ ____ ----_____ ____ ____ _____ _____ --------------_____ ······ ____ ____ ____ ____ ---------..... ____ -----____ _____ _____ ____ ----____ ____ ____ -----

The date of each amendment(s) adoption: , 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) Ø The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. \Box 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 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) (Typed or printed name of person signing) Irma (Title of person signing)