711783

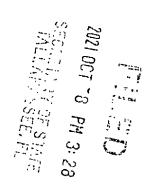
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A. Butter

COVER LETTER

TO: Amendment Section Division of Corporations Safety Council of Palm Beach County, Inc. NAME OF CORPORATION: 711783 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Toni Burrows (Name of Contact Person) Safety Council of Palm Beach County, Inc. (Firm/ Company) 4152 W Blue Heron Blvd Ste 110 (Address) Riviera Beach FL 33404 (City/ State and Zip Code) leslie@safetycouncilpbc.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Toni Burrows 845-8233 (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □ \$35 Filing Fee □ \$43.75 Filing Fee & ■\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Enclosed)

Articles of Amendment to Articles of Incorporation of

2021 OCT 8 PM 3: 28 (Name of Corporation as currently filed with the Florida Dept. of State) Safety Council of Palm Beach County, Inc. 711783 (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: 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. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida

New Registered Agent's Signature, if changing Registered Agent:

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

(Zip Code)

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 Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change × Add	EVP	Leslie McKenna	4152 W Blue Heron Blyd, Ste 110 Riviera Beach FL 33404
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee	ag additional Arti	icles, enter change(s) here: (Be specific)	

	
	
	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: September 29, 2021	
(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

Adoption of Amendment(s) (CHECK ONE)

document's effective date on the Department of State's records.

Signature (By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
(By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee,
have not been selected, by an incorporator – if in the hands of a receiver, trustee,
Toni Burrows
(Typed or printed name of person signing)
Executive Vice President
(Title of person signing)