713023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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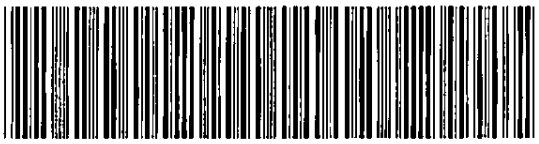

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02/04/25--01001--004 **43.75

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2025 MAR 24 PM 4:20
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2025

ALANA MASTERS
11447 PANTHER CREEK PARKWAY
JACKSONVILLE, FL 32221 US

SUBJECT: NORTH FLORIDA GENEALOGICAL SOCIETY INC
Ref. Number: 713023

We have received your document and check(s) totaling $43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a Florida Profit Articles of Amendment, but your entity is a Non-Profit Articles of Amendment. Please complete and return the enclosed blank form(s).

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.

Mary C Malone
Amendment Section

Letter Number: 525A00005081

RECEIVED
MAR 24 2025
By

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: North Florida Genealogical Society Inc

DOCUMENT NUMBER: 713023

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

Please return all correspondence concerning this matter to the following:

Alana Masters
Name of Contact Person

Firm/ Company

11447 Panther Creek Parkway
Address

Jacksonville, FL 32221
City/ State and Zip Code

sgesjax@att.net
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Alana Masters at (904) 234-4860
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
☒ $43.75 Filing Fee & Certificate of Status
☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
☐ $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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

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

The original name should have been kept and will do a DBA once the old name, Southern Genealogist's Exchange Society, Inc. is put back
Alana Masters

Articles of Amendment
to
Articles of Incorporation
of

North Florida Genealogical Society Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

713023

(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:

Southern Genealogist's Exchange Society, Inc.

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

NA

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

NA

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TALLAHASSEE, FLORIDA

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: NA

(Florida street address)

New Registered Office Address:

, Florida
(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.

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)
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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change ____ Add	RC	Patricia Vail	5709 St. Isabel Dr Jacksonville, FL 32227
X Remove			
2) ____ Change X Add	RC	Joan Hakala	1478 Mandarin Point Lane South Jacksonville, FL 32223
____ Remove			
3) ____ Change ____ Add X Remove	H	Gigi Brown	3832 Chappelgate Road Jacksonville, FL 32223
4) X Change ____ Add	H	Georgia Pribanic	4492 San Lorenzo Boulevard Jacksonville, FL 32224
____ Remove			
5) ____ Change X Add	VP	Rachel Lynn Wall	14567 Millhopper Road Jacksonville, FL 32258
____ Remove			
6) ____ Change ____ Add			
____ Remove			

E. **If amending or adding additional Articles, enter change(s) here:**
(attach additional sheets, if necessary). (Be specific)

NA

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The date of each amendment(s) adoption: _____. if other than the date this document was signed.

Effective date <u>if applicable</u>: _____

(no more than 90 days after amendment file date)

<u>Note:</u> 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) **(<u>CHECK ONE</u>)**

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ 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 03/15/2025

Signature Alana Masters

(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)

Alana Masters

(Typed or printed name of person signing)

President

(Title of person signing)

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TALLAHASSEE, FLORIDA