723437

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Boca R NAME OF CORPORATION:	aton Historical Soc	iety Inc			
723437 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee					
Please return all correspondence concerning the	nis matter to the follo	wing:			
Mary Csar					
	(Name of Co	ntact Person)			
Boca Raton Historical Society Inc					
	(Firm/ C	ompany)			
71 N Federal Hwy					
· · · · · · · · · · · · · · · · · · ·	(Add	lress)		· · · · · · · · · · · · · · · · · · ·	
Boca Raton FL 33432					
	(City/ State a	nd Zip Code)			
director@bocahistory.org					
E-mail address: (to	be used for future an	nual report no	otification	1)	
For further information concerning this matter	, please call:				
Mary Csar		561 at		395-6766 X106	
(Name of Contact	Person)		a Code)	(Daytime Telephone Number	7)
Enclosed is a check for the following amount	made payable to the I	Florida Depar	tment of	State:	
□ \$35 Filing Fee □\$43.75 Filing Certificate of		opy	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Division	nent Secti of Corpo		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

The Boca Raton Historical Society, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 723437 (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: Boca Raton Historical Society Inc. 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 ____ (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.

Page 1 of 4

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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove		D 2.64	
E. If amending or addin (attach additional shee		Page 2 of 4 icles, enter change(s) here: (Be specific)	
-			

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·
The date of each amendment(s) adoption:
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)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated	January 23, 2020
.,	(By the chairman or vice chairman of the board, president or other officer-if directors
C	(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)
	Mary Csar
	(Typed or printed name of person signing)
	Executive Director
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.