## 734727

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## **COVER LETTER**

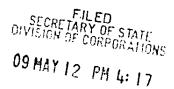
**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Florida	Society of New	spager Editors, Inc
DOCUMENT NUMBER: 734787		
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Patrick M. (Name of	Bowen Contact Person)	
Horida Pres	Company)	//
_ 376 E. College	Avenue, 576	2 203
Tallahassee, (City/State	<i>FL 3230  </i> le and Zip Code)	
For further information concerning this matter, p	lease call:	
Patrick Bowley (Name of Contact Person)	at ( <u><i>850</i></u> ) <u>5ã</u> (Area Code & Dayt	ime Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Florida I	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	Street Address	

Amendment Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation



Florida Suciety of Newspaper Editors, Inc	C.
(Name of Corporation as currently filed with the Florida Dept. of State)	
734727	
(Document Number of Corporation (if known)	_
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Co</i> the following amendment(s) to its Articles of Incorporation:	orporation adopts
A. If amending name, enter the new name of the corporation:    Florida Society of News Editors, Inc., The new name must be distinguishable and contain the word "corporation" or "incorporate abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.	ed" or the
B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Tallahassee, FL	<u>ve, 5te 203</u> 3230/
C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  736 E. College A.  79/Ahassee, Fo	<u>ve., 5/2. 203</u> 1. 3230/
D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address:	name of the
Name of New Registered Agent:	
New Registered Office Address: (Florida sheet address)	
Tallahaoste, Flori	ida <i>3230  </i> ip 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 amendii removed a	ng the Officers and/or Directors	s, enter the title and name of each ach Officer and/or Director bein	officer/director being
(Attach add	ditional sheets, if necessary)	ach Officer and/or Director bein	g audeu:
<u>Title</u>	Name	Address	Type of Actio
			Remove
			☐ Add
			☐ Remove
	-		☐ Add
			D Damana
. <u>If amen</u>	ding or adding additional Artic	les, enter change(s) here:	
(attach a	dditional sheets, if necessary).	(Be specific)	
	<del> </del>		
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			,

The date of each amendment	t(s) adoption: 5-9-07
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	5/4/09
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or
othe	er court appointed fiduciary by that fiduciary)  GIL THELEN
	(Typed or printed name of person signing)  (Title of person signing)

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