164810

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Speciał Instructions to Filing Officer:

Office Use Only



300334344883

08/38/19--01010--033 **48.75

THE TO AN THIS INC. ALL AND SEED FLOWING

OCT 12 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Florida Bermuda M ON:	oose Association		
	764810		_	
DOCUMENT NUMBER:				
The enclosed Articles of Art	nendment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matte	r to the following:		
Dan ONeal				
		(Name of Contact Pers	son)	
Florida Bermuda Moose	Association			
		(Firm/ Company)		
211 Margaret Rd				
		(Address)		
Sanford FI 32771				
		(City/ State and Zip Co	ode)	
floridamooseassociation@	gmail.com			
E	-mail address: (to be used	for future annual repor	1 notification)
For further information conc	erning this matter, please of	call:		
Dan O N eal		at	107	5477216
	(Name of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	yable to the Florida De	partment of S	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & 1 Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifī Certifī	O Filing Fee cate of Status ed Copy is sed)
Mailing A	ddress	Stree	et Address	

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

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Florida Bermuda Moose Association		
(Name of Corporation as current	tly filed with the Florida Dept. of Sta	<u>te</u>)
764810		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corpora</i>	tion adopts the following
A. If amending name, enter the new name of the corporation Inc.	on:	
		The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ton or "incorporated or the abbrevi	ation "Corp, or "Inc,
B. Enter new principal office address, if applicable:	Dan ONeal	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	211 Margaret Rd	
	Sanford FL 32771	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Florida Moose Association	12. 10
	PO Box 2863	SEP
	Sanford FI 32772	25 55 55 6
D. If amending the registered agent and/or registered office	e address in Florida, enter the name	of the
new registered agent and/or the new registered office at Name of New Registered Agent:	adress:	Jirio A
	(Florida street address)	
New Registered Office Address:	(Fioriaa Mreet aaaress)	
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with and accept the obligations o	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; CE() = Chief Executive Officer; CF() = 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 Si	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		4	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artication (attach additional sheets, if necessary).	icles, enter change(s) h (Be specific)	e <u>re</u> :		
,				
			·	
		· ·	W 17 M71 F	
				<u>-</u>
	·····			
FI				
				
·		· · · · · · · · · · · · · · · · · · ·		

		per 14th 2019		
The date of each amendmendate this document was signe		.		, if other than th
date this document was signe	September 14th 201	9		
Effective date if applicable:				
	(no more t	an 90 days after a <mark>mendm</mark> ent file do	ite)	
Note: If the date inserted in document's effective date on		he applicable statutory filing requires records.	rements, this date will no	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK</u>	<u>ONE</u>)		
The amendment(s) was/was/were sufficient for a		bers and the number of votes cast f	or the amendment(s)	
There are no members of adopted by the board of		e on the amendment(s). The amend	lment(s) was/were	
Sen	ember 14th 2019			
Dated	rus Me	al		
Dated Signature (By the		nan of the board, president or other		
Dated Signature (By the		incorporator – if in the hands of a re		
Signature Signature (By the have other	not been selected, by an	incorporator – if in the hands of a re		
Signature Signature (By the have other	not been selected, by an court appointed fiducial an ONeal	incorporator – if in the hands of a re	eceiver, trustee, or	
Signature (By the have other	not been selected, by an court appointed fiducial an ONeal	incorporator – if in the hands of a rey by that fiduciary)	eceiver, trustee, or	