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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	OF BREVARD CO	UNTY, INC.	
767430			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submi	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
GREGORY SCHWENDEMAN			
(	Name of Contact Pe	erson)	
COLUMBUS CLUB OF BREVARD COUNTY, INC.			
	(Firm/ Company	')	
POST OFFICE BOX 96			
	(Address)		
MELBOURNE, FLORIDA 32902			
(0	City/ State and Zip	Code)	
GREGORY@SCHWENDEMAN.US			
E-mail address: (to be used f	or future annual rep	ort notification	
For further information concerning this matter, please ca	all:		
GREGORY J. SCHWENDEMAN	at	321	674-9898
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay-	able to the Florida I	Department of S	tate:
\$35 Filing Fee \$\Bigcup \text{\$43.75 Filing Fee & Certificate of Status}\$	3\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address  Amendment Section  Division of Corporations	An Div	reet Address nendment Section vision of Corpo	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

COLUMBUS CLUB OF BREVARD COUNTY, INC.

(Name of Corporation	as currently filed with the Florida Dept. of S	tate)
767430		
(Docu	ment Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Profit Corpo	ration adopts the following
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the word <u>"Company" or "Co." may not be</u> used in the nam		viation "Corp." or "Inc."
B. Enter new principal office address, if applica	shla.	
(Principal office address MUST BE A STREET A		
		<del></del>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<i>BOX</i> )	
		35 3
D. If amanding the registered agent and/or resi	stand office address in Florida anton the new	-0 E
<ul> <li>If amending the registered agent and/or reginew registered agent and/or the new register</li> </ul>	stered office address in Florida, enter the named office address:	e or the
Name of New Registered Agent:	GREGORY J. SCHWENDEMAN	, a.b.
	1250 BEACHSIDE LANE	
N. D. L. LOM (11	(Florida street addre	ss)
New Registered Office Address:	INDIALANTIC	22002
	(City)	Florida 32903 (Zip Code)
	, , ,	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent:  It I am familiar with and accept the obligations	s of the position
2	611/1	of the position
	Willeman Harres	-
7	Signature of New Registered Agent, if a	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	V Mil	un Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	VITO BARBERI	1241 INDIAN OAKS DRIVE
Add X Remove			MELBOURNE, FL 32901
2) Change	VP	HENRY MODEEN	1538 ALBERNI ST.
Add X Remove			N. W. PALM BAY, FL 32907
3) Change	SD	REILLY, EDWARD P	P. O. BOX 96
Add X Remove			MELBOURNE, FL 32902
4) Change	т	BERMAN, ANSELM, Jr.	P. O. BOX 96
Add X Remove			MELBOURNE, FL 32902
5) Change	<u>P</u>	GREGORY J. SCHWENDEMAN	P. O. BOX 96
X Add			MELBOURNE, FL 32902
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change X	VP	PETER TESSIER	P. O. BOX 96  MELBOURNE, FL 32902
Add Remove			

X - ADD	T	FRANK MACRI	P. O. BOX 96
			MELBOURNE, FL 32902
X - ADD	S	DAVID DEFINO	P. O. BOX 96
			MELBOURNE, FL 32902
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	20 FEBRUARY 2017	
The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	20 FEBRUARY 2017	
Elicetive date il applicable.	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.	
There are no members or adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated 2	Jefreay 2017	
Signature	(L)Churchaman	
have	ééhairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	_
GI	REGORY J. SCHWENDEMAN	
_	(Typed or printed name of person signing)	
PF	RESIDENT	
	(Title of person signing)	