## 768954

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. (R	equestor's Name)	
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Masaryktown Co. NAME OF CORPORATION:	mmunity Center, Inc	<del></del> -	,	<del></del>	_
768954 DOCUMENT NUMBER:					_
The enclosed Articles of Amendment and fee are su	ibmitted for filing.				
Please return all correspondence concerning this ma	itter to the following:				
Rebecca Adair					
	(Name of Contact P	erson)			_
Masaryktown Community Center, Inc					
	(Firm/ Compan	y)			-
539 Lincoln Ave					
	(Address)			<b>16</b> 0	
Masaryktown FI 34604		= <del></del> -		3	とういう こうじんかい アンコンド
	(City/ State and Zip	Code)		<del></del> ,	
Masaryktowncommunity@gmail.com			<u> </u>	<u></u>	<u>ሩ</u>
E-mail address: (to be us	ed for future annual rep	ort notification	n)	ე: 57	7
For further information concerning this matter, pleas	se call:				
Rebecca Adair	at	352	345-4818		
(Name of Contact Perso			(Daytime Telephone	Number)	
Enclosed is a check for the following amount made	payable to the Florida	Department of :	State:		
■ \$35 Filing Fee □S43.75 Filing Fee & Certificate of Status		Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ar Di	reet Address mendment Secti vision of Corpo ifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Masaryktown Community Center, Inc.

(Name of Corporation	as currently filed with the Florig	la Dept. of State)
768954		da Dept. of State)
(Docum	nent Number of Corporation (if kno	
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not For</i>	Profit Corporation 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 "Company" or "Co." may not be used in the name		or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
D. If amending the registered agent and/or regis		nter the name of the
new registered agent and/or the new register	<del></del>	
Name of New Registered Agent:	Rebecca Adair	
	6522 Mariner Blvd	
N B : 1776; 111	(Florida street address)	
<u>New Registered Office Address:</u>	Spring Hill	34609 . Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I lareby accept the appointment as registered agen		he obligations of the position.
	Signature of New Registe	red 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	<u>V</u> <u>Mil</u>	in Doe ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Т	Deborah Roof	16455 Benes-Roush Rd
Add			Masaryktown, FI 34604
xxxx Remove			
2) xxxx Change	S	Debra Marsh	8460 Highpoint Blvd
Add			Brooksville, FI 34613
Remove	<b>.</b>	Dan di Hanna	749C Abiastas May
3 ) Change		Randi Hogan	7486 Abington Way
Add			Weeki Wachee, FI 34613
Remove			
4) Change	D	Kendra Sudigala	99 Kostka Dr
Add			Masaryktown, Fl 34604
XXXX Remove			
5) Change	S	Rebecca Adair	6522 Mariner Blvd
Add			Spring Hill FI 34609
XXX Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	cles, enter change(s) here:		
(attach additional sheets, if necessary).	(Be specific)		
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· 7/26/18	
The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
7/26/18	
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 document's effective date on the Department of State's records.	t be listed as the
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.	
☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
7/26/18	
Dated HICCA ada	
Signature AMACCC CACACA	<del></del>
(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)	
Rebecca Adair	
(Typed or printed name of person signing)	
Gresident	
(Title of person signing)	