N0200000056

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

Office Use Only



500297671395

04/12/17--01012--013 **35.00

17 APR 26 PM 3: 22

C WCMAIK WB 13501

APR 27 2017 C MCNAIR

COVER LETTER

ns				17.APR 26
Emerald Coast Corv	ette Club. Inc			72
				26
N02000000756				TO T
				_بي
nendment and fee are subr	mitted for filing.			⊘ .
ence concerning this matte	er to the following:			
	(Name of Contact P	erson)		
	1			
	(Firm/ Company	y)		
	(Address)			
		·		
	(City/ State and Zip	Code)		
-mail address: (to be used	for future annual rep	ort notification	1)	
erning this matter, please	call:			
	at	850	867-0322	
(Name of Contact Person)		(Arca Code)	(Daytime Telephone N	umber)
ollowing amount made pa	yable to the Florida l	Department of	State:	
□\$43.75 Filing Fee & Certificate of Status	Certified Copy	Certifi s Certifi (Addi	icate of Status ied Copy tional Copy is	
	e.	anne Adduness		
	No2000000756 mendment and fee are subsence concerning this matter, please errning this matter, please (Name of Contact Person following amount made pa	Emerald Coast Corvette Club, Inc ON: N02000000756 nendment and fee are submitted for filing. ence concerning this matter to the following: (Name of Contact Period (Firm/ Company) (Address) (City/ State and Zip)	Emerald Coast Corvette Club, Inc ON: N02000000756 mendment and fee are submitted for filing. ence concerning this matter to the following: (Name of Contact Person) (Address) (City/ State and Zip Code) C-mail address: (to be used for future annual report notification terming this matter, please call: (Name of Contact Person) (Area Code) (Name of Contact Person) (Area Code) (State and Zip Code) (Area Code) (City/ State and Zip Code) (Area Code) (City/ State and Zip Code)	Emerald Coast Corvette Club, Inc ON: N020000000756 nendment and fee are submitted for filing. ence concerning this matter to the following: (Name of Contact Person) (Firm/ Company) (Address) (City/ State and Zip Code)

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 of

SECRETARY OF THE STREET OF THE

Emerald Coast Corvette Club, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

N02000000756

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Status amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Pr	ofit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
name must be distinguishable and contain the word "corpore" (Company" or "Co." may not be used in the name.	ation" or "incorporated" or	the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 1013	
	Lynn Haven, FL 32444	
D. If amending the registered agent and/or registered off		er the name of the
new registered agent and/or the new registered office N/A Name of New Registered Agent:	address:	
Nume of New Registered Agent.		
	(Florida	street address)
New Registered Office Address:		
N/A		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered l hereby accept the appointment as registered agent. I am fo		obligations of the position.
	Sionature 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: XChange XRemove Add	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	V	Bo Williams	11605 Old Bicycle Road
Add	-		Panama City, FL 32404
X Remove			
2)Change	V	Edward Bultmann	101 Kennesaw
X Add			Panama City, FL 32405
Remove 3) Change	Т	Wes Burch	1606 Maryland Avenue
Add			Lynn Haven, FL 32444
X Remove			
4) Change	Т	John Gebhart	3124 College Blvd
X Add			Lynn Haven, FL 32444
Remove			
5) Change	s	Robert Woodham	9618 Davenport Avenue
Add			Youngstown, FL 32466
X Remove			
6) Change	s	Ron Hunley	7842 Deerfield Lane
XAdd			Panama City, FL 32404
Remove			

E. If amending or adding addit (attach additional sheets, if ne	cessary). (Be specific) , i i i		
N/A				
		•		
		~		
			· · · · · · · · · · · · · · · · · · ·	
		·		
			<u>-</u> <u>-</u>	
				-
		······································		
			······································	
				· ·
				· · · · · · · · · · · · · · · · · · ·

* *	IN/A	
The date of each amendment(s) a	doption:	, if other than th
date this document was signed.	• •	
N/A	ı	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Do	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendmental.	ent(s)
There are no members or mem adopted by the board of direct	abers entitled to vote on the amendment(s). The amendment(s) was/we ors.	ere
04/10/2013	,	
Dated	11 11/4	
Signature LO	and Habilian	<u> </u>
have not be	rman or vice chairman of the board, president or other officer-if directed selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
Colleen	A Whitehead	
	(Typed or printed name of person signing)	····
Preside	nt	
- , , , ,	(Title of person signing)	