

No2000005637

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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10 NOV 15 PM 1:41

Amend

11/15/10

De



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2010

PATRICIA L. MARTIN
901 TERRA MAR DR.
TAMPA, FL 33613

SUBJECT: THE KREWE OF SOUTHERN SISTERHOOD, INC.
Ref. Number: N02000005637

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A COPY OF THE OFFICERS AND DIRECTORS OF THE CORPORATION CURRENTLY LISTED ON OUR WEBSITE IS ATTACHED. THIS LIST DOES NOT MATCH THE OFFICERS AND DIRECTORS ON THE LIST GIVEN FROM THE ANNUAL MEETING ON APRIL 16, 2010. PLEASE VERIFY INFORMATION ON PRINT-OUT ATTACHED AND LIST ALL PEOPLE BEING ADDED OR DELETED. WE WILL ONLY ADD OR DELETE OFFICERS AND DIRECTORS LISTED ON THE AMENDMENT FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 410A00025917

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Krewe of Southern Sisterhood, Inc

DOCUMENT NUMBER: NO2000005637

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia L. Martin
(Name of Contact Person)

(Firm/ Company)

901 Terra Mar Dr
(Address)

Tampa FL 33613
(City/ State and Zip Code)

ebmartin@tampabay.fl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Martin at (813) _____
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

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

The Krewe of Southern Sisterhood, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N0200000037
(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

901 TERRA MAR DRIVE
TAMPA, FL 33613-2050

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

901 TERRA MAR DRIVE
TAMPA, FL 33613-2050

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Patricia L. Martin

New Registered Office Address: 901 Terra mar Dr
(Florida street address)

Tampa, Florida 33613
(City) (Zip 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.

Patricia L. Martin
Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>President</u>	<u>Norden, Shannon</u>	<u>3615 Floyd Rd</u> <u>Tampa FL 33618</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>2ndVP</u>	<u>Korzow, Karen</u>	<u>937 Spanish Oaks Blvd</u> <u>Palm Harbor FL</u> <u>34683</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>2ndVP</u>	<u>Fanning Mary Ann</u>	<u>12515 Forest Hills Dr</u> <u>Tampa FL 33612</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

(Attach additional sheets, if necessary)

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: October 25, 2010
(date of adoption is required)

Effective date if applicable: October 25, 2010
(no more than 90 days after amendment file date)

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.

Dated October 25, 2010

Signature D. Wallace
(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)

Davina Wallace
(Typed or printed name of person signing)

President
(Title of person signing)