## NOZ00000 8643

(F	Requestor's Name)
<u> </u>	Address)
(A	Address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ë	Business Entity Name)
(0	Document Number)
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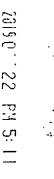
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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations Friends of Raymond James, Inc. NAME OF CORPORATION: N02000008643 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Denise Watson (Name of Contact Person) Friends of Raymond James, Inc. (Firm/ Company) 880 Carillon Pkwy. (Address) St. Petersburg FL 33716 (City/ State and Zip Code) denise.watson@raymondjames.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 251-8853 Denise Watson 727 (Daytime Telephone Number) (Name of Contact Person) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Friends of Raymond James, Inc.

2019 00T 22 PM 5: 11

(Name of Corporation as current	ly filed with the Florida Dept. of State)
N02000008643	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	The new ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NH
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office as   Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
Non-Resident Association of the saint Resident	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	
Si	gnature 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: $\underline{X}$ Change $\underline{X}$ Remove $\underline{X}$ Add	PT John Do V Mike Jo SV Sally Sn	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>T</u>	Elizabeth Eriksen	880 Carillon Pkwy.
Add			St. Petersburg FL
X Remove			33716
2) Change	TD	Walter Kozikowski	880 Carillon Pkwy.
X Add			St. Petersburg FL
Remove			33716
3) Change			
Add			
Remove			
() Change			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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The date of each ame date this document was		, if other than the
Effective date <u>if appli</u>	rable:	
	(no more than 90 days after amena	lment file date)
	ed in this block does not meet the applicable statutory ate on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendm	ent(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s was/were sufficie	) was/were adopted by the members and the number of it for approval.	votes cast for the amendment(s)
☐ There are no men adopted by the bo	bers or members entitled to vote on the amendment(s). ard of directors.	The amendment(s) was/were
Dated	10/15/19	
Signatur		<u> </u>
	(By the chairman or vice chairman of the board, presid have not been selected, by an incorporator – if in the other court appointed fiduciary by that fiduciary)	
	Denise Wa (Typed or printed name of	
	Secretary (Title of person	Board of Divectors