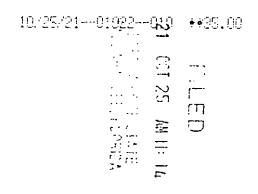
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T. LEMIEUX NOV - 3 2021

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: The	National Hurricane Conferen	nce, Inc.	
DOCUMENT NUMBER: N050000	00133		
The enclosed Articles of Amendment	and fee are submitted for fil	ing.	
Please return all correspondence conc	erning this matter to the follo	owing:	
Michael Vincent			
Witchder Vincent	(Name of C	ontact Person)	
The National Hurricane Conference			
	(Firm/	Company)	
2952 Wellington Circle			
	(Ac	ldress)	
(N. H.) FV 32200			
Tallahassee, FL 32309	(City/ State	and Zip Code)	
	(0.1), 0.1111	ma z.p ceat,	
mike@hurricanemeeting.com			
E-mail add	dress: (to be used for future a	nnual report notificati	on)
For further information concerning the	nis matter, please call:		
	•		
Michael Vincent		at _850	5444842
(Name o	f Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following	amount made payable to the	: Florida Department o	of State:
	5 Filing Fee & \$\subset\$\$ \$\subset\$\$\$ \$\subset\$\$\$\$ \$\subset\$\$\$\$ \$\subset\$\$\$\$ \$\subset\$\$\$\$ \$\subset\$\$\$\$\$ \$\subset\$\$\$\$ \$\subset\$\$\$\$\$ \$\subset\$\$\$\$\$ \$\subset\$\$\$\$\$\$ \$\subset\$\$\$\$\$\$ \$\subset\$\$\$\$\$\$ \$\subset\$\$\$\$\$\$\$ \$\subset\$	Copy Cert nal copy is Cert) (Ad	.50 Filing Fee tificate of Status tified Copy ditional Copy is closed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

The National Hurricane Conference, Inc.	Planta Dant of State)			
(Name of Corporation as currently filed with the	riorida Dept. of State)			
N05000000133	(X) 1 60			
(Docun	ent Number of Corporation (if	Known)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not F</i>	or Profit Corporation	on adopts the fo	ollowing
A. If amending name, enter the new name of the	corporation:			
			î	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ed" or the abbreviat		
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		<u> </u>	_ _	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)			
		<u> </u>		
			:	
D. If amending the registered agent and/or regi		a, enter the name o	f the	
new registered agent and/or the new register	ed office address:			
Name of New Registered Agent:	Michael Vincent		<u> </u>	
	2952 Wellington Circle			J
New Registered Office Address		Florida street address)		
	Tallahassee		orida <u>32309</u>	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	Registered Agent: t. I am familiar with and acce	pt the obligations of	the position.	
	111	1		
-	Signature of New Regi	istered Agent, if char	nging	-

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	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change Add	<u>D</u>	David L. Tait	2952 Wellington Circle Tallahassee, FL 32309
X Remove			
2) X Change Add	<u>D</u>	Michael T. Vincent	2952 Wellington Circle Tallahassee, FL 32309
Remove 3) X Change Add Remove	<u>D</u>	Phillip S. Tait	2952 Wellington Circle Tallahassee, FL 32309
4) Change Add			
Remove			<u> </u>
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
	-		
	_ .	<u>-</u>	
	-		

	
	
	
	
	
	-
The date of each amendment(s) adoption: July 30, 2021	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 be	e listed as the
document's effective date on the Department of State's records.	

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 10/13/2021
Signature Signature
(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)
Michael Vincent
(Typed or printed name of person signing)
Executive Director
(Title of person signing)