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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:  St. Petersburg	Alumnae Chapter Educational Services, Inc.
DOCUMENT NUMBER:	re submitted for filing.
The enclosed Articles of Amendment and tee a	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Tamaira Heyward	
	(Name of Contact Person)
<u>.</u>	(Firm/ Company)
2907 52nd Avenue S	
	(Address)
St. Petersburg, Florida 33712	
	(City/ State and Zip Code)
tamaira68@yahoo.com	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter,	please call:
Tamaira Heyward	727-510-1954 at
(Name of Contact I	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing I Certificate of S	Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee  tatus Certified Copy (Additional copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address  Amendment Section  Division of Corporations  Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

ST, PETERSBURG ALUMNAE CHAPTER EDUCATIONAL SERVICES, INC.

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

N06000003817

(Document Number of Corporation (if known)

AL UNAS MONOR 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:

ST. PETERSBURG ASSOCIATION FOR COMMUNI	TY EMPOWERMENT & S	ERVICE, INC. The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporate	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	N/A	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		, enter the name of the
Name of New Registered Agent:	L/A	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	Torida street address)
	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	tered Agent:	,
	Signature of New Regis	stered 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	PT         John D           V         Mike J           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	N/A		
Remove			
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add			
Remove  6) Change  Add  Remove			

If amending or adding additional Articate (attach additional sheets, if necessary).	(Be specific)			
1/A				
I/A				
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	e date of each amendment this document was signed.		, if other than the
	ective date if applicable:	MARCH 4,2017	
	<del></del>	(no more than 90 days after amendment file date)	
		is block does not meet the applicable statutory filing requirements, this dat be Department of State's records.	e will not be listed as the
Ado	option of Amendment(s)	( <u>CHECK ONE</u> )	
=	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendme proval.	ent(s)
	There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/we irectors.	же
	Dated Q	1/2017	
	Signature <u></u>	Moley C	
	have n	chairman of vice chairman of the board, president or other officer-if direct of been selected, by an incorporator — if in the hands of a receiver, trustee, ourt appointed fiduciary by that fiduciary)	
		TAMAIRA HEYWARD	
		(Typed or printed name of person signing)	_
		PRESIDENT	
	<del></del>	(Title of person signing)	_