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## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	HIGH SCHOOL ALUMN	I, (FLORIDA C	CHAPTER) INC.
DOCUMENT NUMBER:		_	
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning the	nis matter to the following:		
Karl Thompson			
	(Name of Contact	Person)	
	(Firm/ Compa	ny)	
1070 Chenille Circle			
	(Address)	•	
Weston, Florida 33327			
	(City/ State and Zip	Code)	
president@ebarfla.org			
E-mail address: (to	be used for future annual re	eport notification	n)
for further information concerning this matter,	please call;		
Karl Thompson	а	954 1	779-6324
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Number)
Inclosed is a check for the following amount n	nade payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of \$	ce & \$\Bigsquare\$ \$\\$43.75\$ Filing Fed tatus Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ā D	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

CALABAR HIGH SCHOOL ALUMNI, (FLORIDA CHAPTER) INC.

(Name of Corporation as currently filed with the Florida	a Dept. of State)
NO7000000112	
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statumendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:
	The new
name must be distinguishable and contain the word "corpo. <u>"Company" or "Co." may not be used in the name</u> .	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	6451 N University Drive
(Principal office address <u>MUST BE A STREET ADDRES</u>	(S) Apt 109
	Tumarac, FL, 33321
C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)	PO Box 268333
	Weston, Florida 33326
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
	nompson
	henille Circle
New Registered Office Address:	(Fiorida street address)
Weston	. Florida 33327
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the obligations of the position.
	Signature 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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Si	ones	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) X Change Add	P	_	Karl C. Thompson	1070 Chenille Circle Weston, Florida 33327
Remove				<del></del>
2) Add	V	_	Ralston Phillips	355 NW 32 Avenue, Apt 106 Pompano Beach, Florida 33069
Remove 3)	<u>S</u>	_	Mohinder Nathan	6451 N University Drive, Apt 109 Tamarac, Florida 33321
4) <u>* Change</u> Add	<u>T</u>	<del></del>	David Johnson	4910 Umbrella Tree Lane Tamarae, Florida 33319
Remove				
5) Change Add	<del></del>			
Remove				
6) Change Add		_		
Remove				
E. If amending or additional sheet			cles, enter change(s) here: (Be specific)	
			<u>.                                    </u>	
	=			

_ <del></del>		<del> </del>
		<u>-</u>
	- 100	
The date of each amendment(s) date this document was signed.	adoption:	_, if other than the
Effective date if applicable:	ovember 18, 2020	
	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this bedocument's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not Department of State's records.	be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) oval.	

☐ 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 November 18, 2020
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)  Karl Thompson
(Typed or printed name of person signing)
President
(Title of person signing)