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| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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C LEWIS

COVERALETTER

TO: Amendment Section - 5.
Division of Corporations

| DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mitzi Thompson (Name of Contact Person) Greater Clearwater Chamber of Commerce, Inc. (Firm/ Company) 600 Cleveland Street, Suite 200 (Address) Clearwater, FL 33755 (City/ State and Zip Code) mthompson@clearwaterflorida.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mitzi Thompson (Name of Contact Person) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee \$ \$\square{1}\$\$43.75 Filing Fee & \$\square{1}\$\$\$ \$\square{1}\$\$\$ \$\square{1}\$\$ | NAME OF CORPORATION: | rwater Chamber of Co | mmerce, Inc. | |
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| For further information concerning this matter, please call: Mitzi Thompson (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{array}{c} \text{3.75 Filing Fee & \$\text{Status} \text{Status} \text{Certificate of Status} C | mthompson@clearwaterflorida.org | | | |
| Mitzi Thompson (Name of Contact Person) (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: \$\Begin{array}{c} \text{3.75 Filing Fee & \$\text{S43.75 Filing Fee & Certificate of Status} \text{Certified Copy} \text{Certificate of Status} \text{Certificate of Status} | E-mail address: (to | be used for future ann | ual report notification | on) |
| (Name of Contact Person) at (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc | For further information concerning this matter | , please call: | | |
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| \$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & \Bigcup \$43.75 Filing Fee & \Bigcup \$52.50 Filing Fee Certificate of Status | (Name of Contact | Person) | | (Daytime Telephone Number) |
| Certificate of Status Certified Copy Certificate of Status | Enclosed is a check for the following amount | nade payable to the Fl | orida Department of | State: |
| (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) | | Status Certified Co (Additional | ppy Certicopy is Certicopy (Add | ficate of Status fied Copy litional Copy is |

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



15 OCT 20 AH 7: 45

| Greater Clearwater Chamber of Commerce, Inc. | | |
|--|--------------------|---|
| (Name of Corporation | as current | tly filed with the Florida Dept. of State) |
| N07203 | | |
| (Docum | nent Numbe | er of Corporation (if known) |
| Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation: | rida Statutes | s, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the | <u>e corporati</u> | on: |
| N/A | | The new |
| name must be distinguishable and contain the word "Company" or "Co," may not be used in the nam | | ion" or "incorporated" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A | | N/A |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or regi | | te address in Florida, enter the name of the |
| new registered agent and/or the new register | red office ac | ddress: |
| Name of New Registered Agent: | Carol Hag | gue |
| | 600 Cleve | eland Street, Suite 200 |
| New Registered Office Address | : | (Florida street address) |
| | Clearwate | r , Florida 33755 |
| | | (City) / (Zip Code) |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen | | Agent: niliar with and accept the obligations of the position. |
| | <u>S1</u> | 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: X Change X Remove X Add | <u>V</u> <u>Mil</u> | n <u>Doe</u> ce Jones ly Smith | |
|----------------------------------|---------------------|--------------------------------------|---------------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | Mr | Nick Diceglie | PO Box 7057 |
| Add | | | Clearwater, FL 33758 |
| X Remove | | | |
| 2) Change | Mr | Robert Clifford | 401 Cleveland Street |
| Add | | | Clearwater, FL 33755 |
| X Remove | | | |
| 3) Change | D | Alex Chamberlain | 1180 Ponce de Leon Blvd |
| x Add | | | Suite 701 |
| Remove | | | Clearwater, FL 33756 |
| 4) Change | P | Carol Hague | 600 Cleveland Street, Suite 200 |
| x Add | | • | Clearwater, FL 33755 |
| Remove | | | |
| 5) X Change | D | Brian Aungst Jr | 625 Court Street |
| Add | | | Clearwater, FL 33756 |
| Remove | | | |
| 6) X Change | Т | Rick Buschart | 1000 Pinellas Street |
| / Add | | | Clearwater, FL 33756 |
| Remove | | | |

| (attach additio | or adding additional anal sheets, if necessa | ry). (Be specific | ソ | | | |
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| The date of each amendment(s) adop | tion: | Fill if other than the |
|---|---|-------------------------------------|
| date this document was signed. | | BIVISION OF STATE |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | 15 0CT 20 AM 7: 45 |
| Note: If the date inserted in this block document's effective date on the Depar | does not meet the applicable statutory filing requirements, tment of State's records. | this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adop was/were sufficient for approval. | ted by the members and the number of votes cast for the an | mendment(s) |
| There are no members or members adopted by the board of directors. | s entitled to vote on the amendment(s). The amendment(s) |) was/were |
| Dated | tober 2015 | |
| Signature | Eras Jas | *6.1* |
| have not been other court app | n or vice chairman of the board, president or other officer- selected, by an incorporator – if in the hands of a receiver, pointed fiduciary by that fiduciary) | |
| | CAROL A. HAGUE | |
| | (Typed or printed name of person signing) | |
| | President / CEO (Title of person signing) | |
| | (Title of person signing) | _ |