10900002409

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | , |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2009

BARRY EPSTEIN 20283 STATE ROAD 7 SUITE 300 BOCA RATON, FL 33498

SUBJECT: WEST BOCA CHAMBER FOUNDATION, INC.

Ref. Number: N09000002409

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE (CHECK ONE) BOX ONLY, NOT BOTH, ON THE LAST PAGE OF THE DOCUMENT UNDER (ADOPTION OF AMENDMENT).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 909A00038024

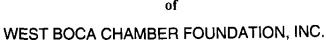
COVER LETTER

4 - - 4

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: West Boca Ch | amber of Commercen | |
|--|--|---|---|
| DOCUMENT NUM | BER: N 09000002409 | ····· | |
| The enclosed Articles | s of Amendment and fee are sub | mitted for filing. | |
| Please return all corre | espondence concerning this matt | ter to the following: | |
| | | ry Epstein | |
| | (Name of | Contact Person) | |
| | West Boca Chambe | r of Commerce Foundation | 1 |
| | (Firm | /Company) | |
| | 20283 State | Road 7 Suit # 300 | |
| | (/ | Address) | |
| | Boca Ra | aton, Fl. 33498 | |
| | (City/ Sta | te and Zip Code) | |
| - | info@westb E-mail address: (to be use | ocachamber.com d for future annual report notific | cation) |
| For further informati | on concerning this matter, please | e call: | |
| barry epstein | | at (561) 852.00 | 00 |
| (Name | of Contact Person) | (Area Code & Dayt | ime Telephone Number) |
| Enclosed is a check f | For the following amount made p | payable to the Florida Departme | nt of State: |
| ☑ \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230 | ions er Circle |

Articles of Amendment Articles of Incorporation of



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

N 09000002409

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts

| reviation "Corp." or "Inc." <u>"Company</u> " | contain the word "corporation" or "Co." may not be used in the | ı" or "incorporated" or the l <mark>e name</mark> . |
|--|--|--|
| Enter new principal office address, if a incipal office address <u>MUST BE A STRI</u> | | |
| Enter new mailing address, if applicab | | |
| (Mailing address <u>MAY BE A POST OF</u> | <u> </u> | |
| (Mailing address MAY BE A POST OF) If amending the registered agent and/onew registered agent and/or the new re | r registered office address in F | lorida, enter the name of th |
| If amending the registered agent and/o | r registered office address in F | |
| If amending the registered agent and/o new registered agent and/or the new re | r registered office address in F | |
| If amending the registered agent and/o new registered agent and/or the new re | r registered office address in F gistered office address: Barry Epstein | Suite 300 |
| If amending the registered agent and/onew registered agent and/or the new reasons Name of New Registered Agent: | r registered office address in F gistered office address: Barry Epstein 20283 State Road 7, S | Suite 300 |

Signature of New Registered Agent, if changing

If amending the Officer's 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)

Type of Action **Title** <u>Name</u> <u>Address</u> Chair Shelby Linton 20283 State Road 7 # 300 ✓ Add ☐ Remove Boca Raton, FI 33498 Jeffrey Schildkraut VC ☐ Remove Boca Raton, Fl 33498 Treas Sandra Fagan ☐ Remove Boca Raton, Fl 33498 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

| | The date of each amendment(s) adoption: Oct. 29, 2009 |
|---|--|
| • | Effective date if applicable: Oct. 29, 2009 (date of adoption is required) |
| | (no more than 90 days after amendment file date) |
| | 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. |
| 4 | 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 Oct. 29, 2009 |
| | Signature Bus R. Enter |
| | (By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary) |
| | Barry Epstein |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |

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