110000000396

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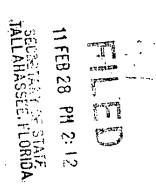
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Amend



1 3-1-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SISTER CITY	PROG	RAM	OF COCOA	FLORIDA, INC
DOCUMENT NUMB	ER: N1000000396				
The enclosed Articles	of Amendment and fee are sub-	nitted for	r filing.		
Please return all corres	pondence concerning this matte	er to the	following	g:	
		l Moore			
	(Name of C	Jontact I	erson)		
	Sister City Program			rida, Inc.	
	(Firm/	Compar	ıy)		
322 Scenic Drive					
	(A	ddress)			
Cocoa, FL 32926					
	(City/ State	and Zip	Code)		
	hmoore3 E-mail address: (to be used			report notificati	on)
For further information	concerning this matter, please				,
Hal Moore	,	at (321	639-8659	
(Name o	f Contact Person)		(Area	Code & Daytime	Telephone Number)
Enclosed is a check for	the following amount made pa	yable to	the Flori	da Department o	f State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif	ied Copy tional co		□ \$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			Ameno Divisio Clifton	Address Iment Section on of Corporations a Building	, , , , , , , , , , , , , , , , , , ,

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Sister City Program of Cocoa Florida, Inc. TALLAGIA (Name of Corporation as currently filed with the Florida Dept. of State) SEE. FLORIDA (Document Number of Corporation (if known)

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:

ne new name must be distinguishable a obreviation "Corp." or "Inc." <u>"Compa</u>			
Enter new principal office address, i rincipal office address <u>MUST BE A ST</u>		<u>(SS)</u>	
		All control of the Co	
Enter new mailing address, if applie (Mailing address MAY BE A POST O			
1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	TITOLIDOIL		
			<u> </u>
			, enter the name of the
If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:			, enter the name of the
new registered agent and/or the new			, enter the name of the
Name of New Registered Agent:		ce address: (Florida street address)	, Florida
new registered agent and/or the new Name of New Registered Agent:		ce address:	CONTRACT FOR A CONTRA
new registered agent and/or the new Name of New Registered Agent:	registered offi	(Florida street address) (City) red Agent;	, Florida (Zip Code)

Page 1 of 3

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) **Type of Action Title** Address Name 1 Ziva BarNavon 1308 Glen Circle ☑ Add ☐ Remove Rockledge, FL 32955 Charlotte Schuyt 3217 Elm Terrace ____ Remove Melbourne, FL 32935 Bob DiBella ☑ Add 1499 Southpointe Ct. Melbourne, FL 32940 ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) ARTICLE III: TO EDUCATE AND CREATE GREATER CULTURAL KNOWLEDGE AND CITIZEN DIPLOMACY THROUGH CHARITABLE AND EDUCATIONAL PROJECTS. SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGAN-IZATIONS UNDER SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

Amendment to Sister City Program of Cocoa Florida, Inc. Articles of Incorporation Document Number: N10000000396

Supplement to page 2 of 3 re: Board Members:

D - Susan Moser

2653 Elliott Way #6, Melbourne, FL 32935

Add

The date of each amendmen	t(s) adoption: February 25, 2011
	(date of adoption is required) February 25, 2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
{Dated} Feb	ruary 25, 2011
Signature _	Dal morare
hav	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	Hal Moore
	(Typed or printed name of person signing)
	Deputy Director
	(Title of person signing)

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