N10000000396

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI		of Cocoa Florida, In	c.		
DOCUMENT NUMBER:	N10000000396				
The enclosed Articles of A	mendment and fee are sub	mitted for filing.			
Please return all correspond	dence concerning this matt	er to the following:			
Eric Perlman					
		(Name of Contact P	erson)		
Sister City Program of Coc	coa Florida, Inc.				
		(Firm/ Compan	y)		
5790 Rusack Dr.		·			
		(Address)			
Melbourne, FL, 32940		(,			
		(City/ State and Zip	Code)	· .	
esperlman@gmail.com		(City) office and raip	Code		
	E-mail address: (to be used	for future annual re	port notification	n)	
For further information con				· ,	20 Å?
Eric Perlman				(321) 652-4866	1880 . 13
	(Name of Contact Person	at i)	(Area Code)	(Daytime Telephone	Number)
Enclosed is a check for the	following amount made pa	ayable to the Florida			:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certif	O Filing Fee icate of Status ied Copy tional Copy is esed)	ζ,
m.m. 112		.5			

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



2020 APR 13 ANTH: 37

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 2, 2020

ERIC PERLMAN SISTER CITY PROGRAM OF COCOA FLORIDA INC 5790 RUSACK DR MELBOURNE, FL 32940

SUBJECT: SISTER CITY PROGRAM OF COCOA FLORIDA, INC.

Ref. Number: N1000000396

We have received your document for SISTER CITY PROGRAM OF COCOA FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed 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.

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 820A00007180

Articles of Amendment to Articles of Incorporation of

SISTER CITY PROGRAM OF COCOA FLORIDA INC.

Name of Corporation as currently filed with the N10000000396	e Florida D	ept. of State)		
(Docum	nent Numbe	r of Corporation (if know	vn)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes	s, this <i>Florida Not For F</i>	Profit Corporation adopts the following	
A. If amending name, enter the new name of the	e corporatio	on:		
			The new	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		on" or "incorporated" o	or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applica	ıble:	3702 Windsor Dr. Coco	a. FL 32926	
(Principal office address <u>MUST BE A STREET A</u>	(DDRESS)			
	•			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	3702 Windsor Dr. Coco	a. FL 32926	
	-			
D. If amending the registered agent and/or registered agent and/or the new register			ter the name of the	
	Eric Perlm			
Name of New Registered Agent: 5790 F		ck Dr., Melbourne, Fl., 3	2940	
	(Florida street address)			
<u>New Registered Office Address:</u>		lsor Dr. Cocoa,	32926 . Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			obligations of the position.	
_	E	m) l		
_	Sia	nature of New Registers	d 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 = Chie
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 Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
I) Change Add	<u>P</u>	White, Robert	
X Remove			
2) Change Add	<u>S</u>	Fiorentino, Krishna	
X Remove Change Add Remove	<u>T</u>	White, Nancy	
4) Change Add	<u>D</u>	Lacy, Daphne	
A Remove		_	
5) Change Add	<u>D</u>	Fishkin, Jeffrey	
X Remove		_	
6) X Change	D	Shelton, Ronald	
Remove		_	
E. If amending or addin (attach additional shee	g additional Arti	cles, enter change(s) here: (Be specific)	

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.

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Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>n</u>	Shelton, Shelby	
A Remove			
2) Change Add	D	Perlman, Heide	
Remove Change Add Remove	D	Bryan, Patti	
4) X Change Add	Р	Mardirosian, Kathy	3702 Windsor Dr. Cocoa, FL. 32926
Remove 5) Change Add	V	Perlman, Eric	5790 Rusack Dr. Methourne, FL 32940
A Remove 6) Change Add	<u>D</u>	Gonzalez, Yasmin	3530 Oakhill Dr. Titusville, FL. 32780
E. If amending or addin (attach additional shee		nal Articles, enter change(s) here: ssary). (Be specific)	

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 De V Mike Je SV Sally Se	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	T	Miller, Deoborah	1838 Sabal Palm Dr. Mcibourne, FL 32934
Remove			
2) Change Add	Ð	Glass, Ariel	1050 N. Fiske Blvd., Apt. D7 Cocoa, FL. 32922
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
	· .		
Remove			
E. If amending or addin (attach additional sheet	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	

	<u></u>
	
	
	
	-
	
	
The date of each amendment(s) adoption:	ther than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	ed as the
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.

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 4/9/20
Signature Euclidean Signature (By the 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)
ERICS PERMAN - VICE PRESMENT
(Typed or printed name of person signing)
(Title of person signing)