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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	State Materials Offic	e Employee Benefi	t Com	nittee. Inc	, 	
	N10000000470					
DOCUMENT NUMBER:						· -
The enclosed Articles of Am	endment and fee are sub	mitted for filing.				
Please return all corresponde	ence concerning this matt	er to the following:				
Ann Clare McGuire						
	- -	(Name of Contact	Person)		
State Materials Office						
		(Firm/ Compa	ny)			
5007 NE 39th Avenue						
· · · · · · · · · · · · · · · · · · ·	····	(Address)				
Gainesville, FL 32609						
		(City/ State and Zij	p Code	}	•	
sm-ebf@dot.state.fl.us						
E	-mail address: (to be used	l for future annual r	eport r	otification	<u>a)</u>	
For further information conc	erning this matter, please	call:				
Ann Clare McGuire		;	352 at		955-6622	
	(Name of Contact Person			ea Code)	(Daytime Telepho	ne Number)
Enclosed is a check for the f	ollowing amount made p	ayable to the Florida	a Depa	rtment of	State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing A	ddress	<u>S</u>	ireet 2	Address		

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

FILED

State Materials Office Employee Benefit Committee, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N10000000470 (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: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Ann Clare McGuire Name of New Registered Agent: 5007 NE 39th Avenue (Florida street address) New Registered Office Address: Florida __ Gainesville

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

1 11. My/

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 Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>T</u>	Walker, Jerrat	5007 NE 39th Avenue Gainesville, FL 32609-2604
× Remove			
2) Change Add	T	McGuire, Ann Clare	5007 NE 39th Avenue Gainesville, FL 32609-2604
Remove 3) Change Add Remove			
4) Change Add		-	
Remove			<u> </u>
5) Change Add			
Remove			
б) Change Add	-		
Remove			
		inal Articles, enter change(s) here: ssary). (Be specific)	
N/A			

	
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	-
	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: August 31, 2021	
(no more than 90 days after amendment fil	e date)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	quirements, this date will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

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
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)
Michael Ciccarone (Typed or printed name of person signing)
Chairperson
(Title of person signing)